Statewide Transition Plan for Compliance with Home and Community-Based Setting Rules

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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CONTENTS

EXECUTIVE SUMMARY

Maryland receives funding from the federal government to help pay for services provided in programs such as the Autism, Brain Injury, Community Pathways, Community Options, Model, and Medical Day Waivers and a program that helps children, youth and families. In 2014, the federal government put out new rules that states must follow to continue to receive funding to pay for services. Maryland reviewed programs and found areas that must be changed. This plan gives information about the new rules; the States review of programs and the plan to fix areas; what has been done to date to move towards full compliance; and input received from various stakeholders like participants, family members, self-advocates, and others.

INTRODUCTION

On March 17, 2014, the Centers for Medicare & Medicaid Services (CMS) issued regulations that define the settings in which states can pay for Medicaid Home and Community-Based Services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated and that support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree as individuals who do not receive HCBS. These changes will maximize the opportunities for participants in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting.

States must ensure all HCB settings comply with the new requirements by completing an assessment of existing state rules, regulations, standards, policies, licensing requirements and other provider requirements to ensure settings comport with the Home and Community-Based (HCB) settings requirements. States must be in full compliance with the federal requirements by the time frame approved in the Statewide Transition Plan but no later than March 17, 2019.

Prior to the Final Rule, HCB setting requirements were based on location, geography, or physical characteristics. The Final Rule now defines HCB settings as more process and outcome-oriented, guided by the consumer's person-centered service plan, and clarifies settings in which home and community-based services cannot be provided. These settings include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals.

Overview of Setting Provision

The Final Rule requires that all home and community-based settings meet certain criteria. These include:

- The setting is integrated in and supports full access to the greater community;
- The setting is selected by the individual from among setting options;
- Each individual has a right to privacy, is treated with dignity and respect, and is free from coercion and restraint;
- Provides individuals independence in making life choices; and

- The individual is given choice regarding services and who provides them.
- Specific to provider-owned or controlled settings, additional requirements must be met:
- The individual has a lease or other legally enforceable agreement providing similar protections;
- Individuals must have privacy in their living unit including lockable doors;
- Individuals sharing a living unit must have choice of roommates;
- Individuals must be allowed to furnish or decorate their own sleeping and living areas;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

Any modification to these new requirements for provider-owned home and community-based residential settings must be supported by a specific assessed need, justified in the person-centered service plan, and can only be made exclusively on an individual basis. Documentation of all of the following is required:

- Identification of a specific and individualized assessed need;
- The positive interventions and supports used prior to any modification(s) to the person-centered plan;
- Less intrusive methods of meeting the need that has been tried but did not work;
- A clear description of the condition(s) that is directly proportionate to the specific assessed need;
- Review of regulations and data to measure the ongoing effectiveness of the modification(s);
- Established time limits for periodic reviews to determine if the modification(s) is still necessary or can be terminated;
- Informed consent of the individual; and
- An assurance that interventions and supports will cause no harm to the individual.

It is not the intention of CMS or the state of Maryland to remove access to services and supports. The intent of the federal regulation and Maryland's transition plan is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community.

The Statewide Transition Plan covers three major areas: Assessment, Proposed Remediation Strategies, and Public Input. It identifies the framework and strategy for achieving and maintaining compliance with the federal requirements for HCB settings in Maryland. As a state, we have begun both a stakeholder outreach and education process, and an initial assessment process including both a written document review and analysis of participant, provider, and case manager surveys.

There were several limitations to the initial participant and provider surveys conducted as they did not account for different waiver populations and provider systems. Stakeholders have provided new strategies and offers of assistance related to the outreach, design, and administration of additional surveys to be completed which are reflected in the remediation strategies. Prior to the implementation of program specific surveys, the State administered the survey using a pilot group which to allow Maryland and stakeholders to be confident in the survey questions and results. Once finalized, the survey questions were then disseminated to a wider group.

MARYLAND'S HOME AND COMMUNITY-BASED SERVICES

Maryland's home and community-based 1915(c) Waiver and 1915(i) State Plan programs differ significantly in the populations they serve, their size and complexities, and their statutory and regulatory structures. Within each of these programs, waiver services are developed to allow individuals to receive services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services. The goals of each waiver include the following:

- Services must optimize individual initiative, autonomy, and independence in making life choices.
- Services must support opportunities for individuals to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.
- Services must ensure individuals' rights' of privacy, dignity, respect, and freedom from coercion and restraint.

Individuals in each waiver must be assisted in developing a person-centered plan that is based on the individual's needs and preferences; choice regarding services and supports and who provides them; and for residential settings, the individual's resources. Information regarding the types of services and setting options, including non-disability specific settings and an option for a private unit in a residential setting must also be documented in the plan.

The Department of Health and Mental Hygiene (DHMH), as the single state Medicaid agency, is responsible for all 1915 (c) and 1915 (i) programs. DHMH's Office of Health Services (OHS), Developmental Disabilities Administration (DDA), and Behavioral Health Administration (BHA) are responsible for daily administration of specific programs on the following page. In addition, DHMH has an agreement with the Maryland State Department of Education (MSDE) for the administration of the Autism Waiver.

The following programs under review include:

Federal Reference	Program	Administering Agency	Number of Recipients	Medicaid Providers
MD.0339.R03.00	Autism Waiver	MSDE	1009	77
MD.0023.R06.00	Community Pathways Waiver	DDA	13854	339
MD.0265.R04.03	Home and Community-Based Options Waiver	OHS	4703	1801
MD.0645.R01.00	Medical Day Care Waiver	OHS	4900	179
MD.40118.R06.00	Model Waiver	OHS	218	91
MD.40198.R02.00	Traumatic Brain Injury	BHA	74	7
	1915(i) State Plan Home and Community-Based Services (Intensive Behavioral Health Services for Children, Youth, and Families)	OHS & BH		

Notes: Based on FY2014 Maryland Medicaid Management Information System (MMIS) claims data run through November 30, 2014. The 1915(i) was approved as of October 1, 2014.

Each program supports a specific population, offers a variety of services in different settings, and has specific provider networks and stakeholder groups. This Statewide Transition Plan identifies at a high level the commitments and requirements that each of the six HCBS waivers and 1915(i) State Plan program will meet. Moving forward, the specific approach and details surrounding each program will reflect the input and guidance of the particular program's stakeholders, and the unique structure and organization of the program itself. The complexity of each task has the potential to vary significantly across programs.

The following pages include summaries of the initial compliance findings for each program based on: an assessment of the program's provider and site data; and waiver application and regulations service definitions, rules, and policies currently governing all setting, both residential and non-residential. The program summaries and initial findings were used to identify areas of concern which are reflected in Maryland's proposed remediation strategies section including quality assurance processes to ensure ongoing compliance. Maryland is committed to engaging with stakeholders and has sought public input from various stakeholders including participants, family members, self-advocates, associations, advocacy groups, and others throughout the process of the transition plan development.

Preliminary assessment of Waiver applications, State Plan Amendment, and programs regulations are summarized below:

ASSESSMENT OF MEDICAID WAIVER AND STATE PLAN REGULATIONS:

COMAR Regulation	Title	Preliminary Findings	Reference
10.07.05	Residential Service Agencies	Missing criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix A
10.07.14	Assisted Living Facilities	Missing some of the criteria dictated by the Final Rule, and two of the regulations are noncompliant with the rule related to the freedom to access food at any time and have visitors at any time. As of August 2016, OHCQ (the licensing agency for ALFs) is writing new regulations to address these issues and mandate provider compliance with the federal HCBS rule.	Appendix B
10.09.07	Medical Day Care Services	Missing a significant amount of criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix C
10.09.61	Medical Day Care Waiver	Missing significant criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix C
10.09.27	Model Waiver	Missing a large majority of criteria dictated by the Final Rule. The regulations only have two components that are present; all other components are absent. There are no issues of noncompliance.	Appendix D

COMAR Regulation	Title	Preliminary Findings	Reference
10.09.46	Brain Injury Waiver	Missing a large amount of criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix E
10.09.54	Home and Community Based Options Waiver	Missing a small amount of criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix F
32.03.01	Senior Citizen Activities Centers Capital Improvement Grants	Missing a small amount of criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix F
32.03.04	Congregate Housing Services Program	Missing a small amount of criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix F
10.09.56	Autism Waiver	Missing nearly all criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix G
10.09.89	Intensive Behavioral Health Service for Children, Youth and Families (1915(i))	Missing criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix H
10.12.04	Medical Day Care Facilities	Missing criteria dictated by the Final Rule. There are no issues of noncompliance, but will need to be evaluated for community integration.	Appendix I
10.22.01 - 10.22.12 and 10.22.14 - 10.22.20	Developmental Disabilities Administration – Various Titles	Missing criteria dictated by the Final Rule and noncompliant findings related to freedom from restraint; legally enforceable agreement by the individual receiving services; conflict of interest related to development of person centered service plans; and setting options. As of August 2016, DDA is in the process of amending regulations to take these issues into account.	Appendices J1-J19

ASSESSMENT OF MEDICAID WAIVER APPLICATION AND STATE PLAN:

Title	Preliminary Findings	Reference
Autism Waiver	Missing criteria dictated by the Final Rule.	Appendix K
Brain Injury Waiver	Missing criteria dictated by the Final Rule	Appendix L
Community Pathways Waiver	Missing criteria dictated by the Final Rule.	Appendix M
Home and Community-Based Options Waiver	Missing criteria dictated by the Final Rule.	Appendix N
Medical Day Services Waiver	Missing criteria dictated by the Final Rule.	Appendix O
Model Waiver	Missing criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix P
Intensive Behavioral Health Service for Children, Youth and Families (1915(i))	Missing criteria dictated by the Final Rule. There are no issues of noncompliance.	Appendix Q

Currently, for each of the 1915(c) waivers that offer HCBS, there is a comprehensive quality plan in place to monitor service delivery and ensure continuous compliance with HCB setting criteria. Program specific quality plans are detailed in Appendix H of each waiver application. These plans include the details of the quality assurances developed and implemented by the State, including policies and processes in place to ensure quality of person-centered plans of service and participant's health and welfare.

Another component of the Maryland's quality management process is the Quality Council. The Council has State representatives from all home and community-based waivers, the Office of Health Care Quality, and the Community First Choice program. The Council, which meets quarterly, has the following goals: share knowledge, experience and multifunctional insight; share best practices and resources; support effective decision making in program administration; collective problem solving; and development of quality initiatives.

The Quality Council is currently working on strategies for a more comprehensive quality management system across all HCBS programs using the CMS Quality Framework articulated in the revised Appendix H of the 1915(c) HCBS waiver application. This effort is designed to create a consistent and uniform strategy to measure and enhance performance across all community long-term care programs and services. The goals of this effort are to: (a) create a more evidenced-based quality management system, (b) improve the ability of the State and HCBS administering agencies and case managers to monitor service provision, (c) improve the capacity of the State to monitor and improve the quality of service from providers, (d) monitor the quality of care and life at the individual consumer level, (e) develop better quantifiable indicators of quality, (f) improve infrastructure to collect and distribute data on quality indicators, and (g) create more comprehensive and standardized quality reports for improving program operations. The Council will also develop strategies for monitoring and oversight related to the new regulations.

Individuals who are enrolled in and receiving services from one of the HCBS programs may also be referred to, in this Statewide Transition Plan, as participants, children, consumers, individuals, or clients.

Service plans may also be referred to, in this Statewide Transition Plan, as Individual Plans, Plans of Care, Plans of Service, Person-Centered Plans of Service, and Individualized Treatment Plans.

Case managers may also be referred to, in this Statewide Transition Plan, as Supports Planners, Service Coordinators, and Coordinators of Community Services.

SECTION 1: ASSESSMENT OF MARYLANDS HCBS PROGRAMS

AUSTIM WAIVER
(Medicaid Waiver for Children with Autism Spectrum Disorder)

BACKGROUND

The Autism Waiver is a collaborative effort between the Maryland State Department of Education (Operating State Agency) and DHMH (State Medicaid Agency), 24 local school systems, and private sector partners within Maryland with a goal to enable children with Autism Spectrum Disorder (ASD) to remain in their home and community. Through the waiver, Maryland's children and families receive services such as respite, therapeutic integration, and intensive individual support services provided by highly qualified professionals and trained direct care workers. A registry is provided by DHMH as part of an ongoing effort to address federal Centers for Medicare and Medicaid Services (CMS) requirements for "state wideness" in the management and provision of the Autism Waiver program and services. Children who apply for the Autism Waiver are referred from the registry in chronological order according to the date the child was placed on the registry. Applicants are considered for the Autism Waiver by the local school system according to a thorough process and set of medical and technical guidelines. Financial eligibility is determined by DHMH, Eligibility Determination Division. Service coordination and the technical eligibility determination are also provided by the local school system. Children must have an Individualized Education Program (IEP) and must be receiving at least 15 hours of special education services per week. Children who are diagnosed with Autism Spectrum Disorder are eligible. Children must be between ages one and 21 as measured by the school year in which they turn 21 years old. Candidates must meet the level of care required to qualify for services in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

The Autism Waiver offers the following services:

1. Adult life planning (ALP)
2. Environmental accessibility adaptations
3. Family consultation
4. Intensive individual support services (IISS)
5. Respite care
6. Service coordination
7. Residential habilitation
8. Therapeutic integration services/Intensive therapeutic integration services

ASSESSMENT OF SERVICE DELIVERY SYSTEM SETTINGS

From July through October 2014, the OHS, along with MSDE, completed a review of provider data; self-assessment surveys; analysis of the Autism Waiver application; and State regulations, which is further described below.

Through routine monitoring efforts, including quality reviews, data analysis, and communication with participants and providers, Maryland is aware of many strengths and weaknesses of the service delivery system as they relate to the HCB setting rule.

Additionally, OHS and MSDE currently monitor providers and service delivery through a variety of other activities as well: quality reviews, quality surveys, data analysis, plan of service reviews, reportable events, and communication with participants and providers. These efforts will continue throughout the transition process and will be updated to include the new federal standards and other strategies recommended by stakeholders.

The Office of Health Care Quality (OHCQ) licenses three of the residential providers, while the Department of Human Resources (DHR) licenses the remaining two residential providers. Participants Treatment Plans are reviewed annually by MSDE to ensure ongoing compliance with the licensing requirements. Parents of Autism Waiver participants and where possible, the participant, meet with their service coordinators annually for face-to-face meetings, and have monthly contact, to monitor service delivery, including progress on goals, assessment of services as per the plan, status and confirmation of health services, eligibility, and incidents. These plans are resubmitted to the OHS for review. These reviews can be expanded to include the new setting standards of the Final Rule.

The Autism waiver will have a Quality Management Strategy designed to review operations on an on-going basis, discover issues with operations, remediate those issues, and develop quality improvement initiatives to prevent the repeat of operational problems. The State Medicaid Agency oversees a cross-agency quality committee called the Quality Council. The Quality Council meets regularly to address quality issues through data analysis, share program experiences and information, and further refine the waivers' quality management systems.

Regular reporting and communication among the Office of Health Services, MSDE, providers, and other stakeholders, including the Waiver Advisory Councils, and Quality Council, facilitates ongoing discovery and remediation. The Office of Health Services is the lead entity responsible for trending, prioritizing and determining system improvements based on the data analysis and the formulation of recommendations for system improvements. Partners include, but are not limited to, MSDE, OHCQ, DHR providers, participants, family, and the Quality Council. A plan to work on significant problem areas may result in the establishment of a specific task group or groups, which may include stakeholders.

In accordance with the Department's Reportable Events Policy, all entities associated with the waiver are required to report alleged or actual Reportable Events. All Reportable Events shall be reported in full on the Department's newly designed Reportable Events form in the tracking system, analyzed via reports and through the Quality Council process to analyze trends and identify areas in need of improvement.

Any person who believes that an individual has been subjected to abuse, neglect, or exploitation is required to report the alleged abuse, neglect, or exploitation immediately to the police, Adult Protective Services (APS) or Child Protective Services (CPS) office. The complete incident report must be submitted within one working day of discovery the OHA and MSDE.

INITIAL ASSESSMENT STRATEGIES AND FINDINGS

Provider Data

Eight different Autism Waiver services are provided by 58 community based providers serving children with ASD in their home and community in Maryland. As of November of 2014, when the following data was run, there are 2 provider types for the Autism waiver participants that will need to be more closely monitored for compliance with the HCBS Final Rule. The following information is based on billing data, and providers of the following services will be the focus of further review:

Intensive Residential Habilitation

- 5 providers
- 34 participants

Therapeutic Integration Services/ Intensive Therapeutic Integration Services

- 21 providers
- 451 participants

Reference: Appendix 1

Self-Assessment Surveys for Residential Services

During July through October of 2014, the DHMH worked with the Hilltop Institute, a non-partisan health research organization with an expertise in Medicaid, to develop and deliver preliminary self-assessment surveys that were specific to participants receiving residential habilitation services and their representatives, providers, and case managers. This process was an initial setting analysis and general in nature across three program populations including the Autism, Community Pathways, and Community-Options Waivers. To support participation in the survey, participant specific information such as name and program was not collected. This assessment process does not suggest that any specific program, provider or location is non-compliant solely by classification. Compliance will be determined through further analysis that might include additional self-assessments for providers and participants, on-site reviews, stakeholder input, and further analysis of programmatic data. Below is a brief summary of the methodology and analysis of the three self-assessments. A full analysis and recommendations were made by the Hilltop Institute that can be found in Appendix 10.

Provider Self-Assessment

- 141 providers completed the provider survey
- Of these, 65 were assisted living providers and 71 were residential habilitation providers.
- Five providers failed to answer these questions.

- Several questions were asked about the physical location of their settings, as well as the type of people served at the settings.

Participant Self-Assessment

- A total of 646 participants responded to the survey.
- Of the 646 participants, 71 indicated they lived in an assisted living unit, 186 indicated they lived in a group home/alternative living unit, 205 indicated it was neither an assisted living unit or a group home/alternative living unit, 6 indicated they did not know, and 178 did not answer the question.

Case Manager Self-Assessment

- 187 case manager responses

Based on the information gathered from the preliminary survey areas that have been identified for further review include those settings that may be in institutions, settings that may be isolating to participants (multiple provider settings close to each other and settings that serve only those with disabilities), and settings with criteria that had lower affirmative response rates (such as access to food, locking the front door, and lease issues).

Further review should include assessment of criteria for settings presumed not to be home and community-based: settings near other settings run by the provider for people with disabilities, an individual's control over their personal resources, community access and involvement, and the ability to file complaints. Additional areas of concern in residential settings are whether the participant signs a lease, has a choice of private room or a roommate, the degree of privacy available, has flexible access to food, and encounters barriers to any of these elements set forth in the Final Rule.

Waiver Application and Regulations Assessments

Between September and November 2014, the Office of Health Services, along with the Maryland State Department of Education and the Developmental Disabilities Administration, have completed a review of state regulations including COMAR 10.09.56, licensing rules, waiver and state plan applications to determine the current level of compliance with the new federal requirement. In order to crosswalk all of the following documents, Maryland has utilized the "HCBS Worksheet for Assessing Services and Settings" developed by the Association of University Centers on Disabilities (AUCD), National Association of Councils on Developmental Disabilities (NACDD), and the National Disability Rights Network. This has allowed for consistency across programs and documents.

The preliminary review resulted in identification of missing criteria dictated by the Final Rule and language that conflicts or is out of compliance with the rule that will require remediation. See Appendices G and J for specific details.

PRELIMINARY FINDINGS ON SERVICE DELIVERY

Through the process described above, the State has determined that the following waiver services comply with the regulatory requirements because they are individualized services provided in the participant's private home or community:

1. Adult life planning (ALP)
2. Environmental accessibility adaptations
3. Family training
4. Intensive individual support services (IISS)
5. Service coordination

The State also recognizes that Respite Care has been an approved service on many waiver applications in a variety of community locations. Respite Care is defined as offering appropriate care and supervision to protect children's safety in the absence of family members. Respite care services include assistance with daily living activities provided to children unable to care for themselves. In addition, respite offers relief to family members from the constantly demanding responsibility of providing care and attending to basic self-help needs and other activities. Respite care can be provided in the child's place of residence, a community setting, a Youth Camp certified by DHMH, or a site licensed by the Developmental Disabilities Administration to accommodate individuals for respite care. The service will remain in the waiver and will be provided in the home, community, and other settings as written into the waiver application. Based on guidance received from CMS, the State believes that because respite services are allowable in facilities that do not meet the HCB setting criteria that these settings will not need further review.

The State has determined that the following waiver services need further review and remediation to fully comply with the regulatory requirements. The State will work with providers of these services to develop remediation strategies and timelines to implement the changes needed to achieve full compliance.

1. Residential Habilitation - Community-based residential placements for children who cannot live at home because they require highly supervised and supportive environments. Placements provide a therapeutic living program of treatment, intervention, training, supportive care, and oversight. Services are designed to assist children in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. These services are offered at a regular or intensive level and reimbursed at one of two rates. The intensive level of service for the child involves awake overnight and one-on-one staffing.

   The waiver application is noncompliant in the language in relation to ensure freedom from restraint. Appendix C within the application routinely mentions "The use of restraints is permitted during the course of the delivery of waiver services."

   Further review is needed to ensure that individuals that receive this Medicaid HCBS are truly integrated and have full access to the greater community. A stakeholder group is currently drafting regulations that will need to be reviewed for compliance with the Final Rule.

2. Therapeutic Integration (TI) services - Available as a structured program of therapeutic activities based on the child's need for intervention and support. TI services are based on the child's individualized treatment plan that identifies the goal of specific therapeutic activities provided. TI focuses heavily on expressive therapies and therapeutic recreational activities. Development of the child's communication and social skills, enhancement of self-esteem, improved peer interaction, and management of behavior are important components. A daily session is a minimum of two hours and a maximum of four hours for those children who are identified as benefitting from a therapeutic program in their waiver plan of care. The services are provided at a location outside of the child's home.

Intensive Therapeutic Integration services - This service is for participants whose needs require one-to-one support to allow participation in community settings with their peers. Intensive Therapeutic Integration services are available as a structured program of therapeutic activities. This service offers a more focused and individualized approach to intervention and support. This service is for participants who are unable to participate in a regular Therapeutic Integration setting and has a staffing ratio of 1-1 or 2-1.

The waiver application is noncompliant in the language in relation to ensure freedom from restraint. Appendix C within the application routinely mentions "The use of restraints is permitted during the course of the delivery of waiver services."

Further review is needed to ensure that individuals receive this Medicaid HCBS are truly integrated and have full access to the greater community. A stakeholder group is currently drafting regulations that will need to be reviewed for compliance with the Final Rule.

ASSESSMENT STRATEGIES AND FINDINGS

Maryland is committed to coming into full compliance with the HCBS rule in advance of the deadline. The following are strategies utilized to come into full compliance with the Home and Community-Based Settings rule:

- Transition Advisory Teams were created in 2015 and the stakeholder process is ongoing, with meetings on or about a monthly basis.
- Maryland law and all regulations related to the Autism Waiver program were reviewed. OHS has determined that nothing in current law or regulations conflicts with the HCBS rule. However, there are some areas of the HCBS rule that are not addressed by current regulations. DHMH will update the regulations accordingly within the next two years.

Provider Survey

- A pilot survey was completed in Fall 2015.
- To assess providers, OHS implemented the HCBS Provider Self-Assessment in January 2016. Compliance with the provider survey was ensured by suspending the provider number of non responding providers. All providers have completed the survey or are no longer in operation. Hence, no providers were suspended.
- DHMH and Hilltop Institute analyzed the data from the provider survey to determine compliance with all components of the rule. Preliminary results show that compliance is possible for all providers by 2019. The report from the Hilltop Institute is included with the STP submission and is published on the DHMH website.

Participant Survey

DHMH will be using a modified version of the Community Settings Questionnaire (CSQ) approved by CMS for all waiver programs, including the Autism Waiver. The CSQ will be modified as some questions are not age appropriate for children. The CSQ is administered to waiver participants annually by their Service Coordinator during their annual meeting. DHMH and MSDE are currently working out the process. CSQs will be completed for all participants by the end of 2017. As it is being housed in the Maryland LTSS tracking system, Hilltop Institute has access to the data and will compare it to results from the provider survey.
DHMH has revised the CSQ to reflect all waiver programs for both day programs and residential programs. See Appendix 12 for a copy of the current day program CSQ and Appendix 13 for the residential CSQ.

Site Visits

Site Visits will be made to all Autism providers, including both Residential Rehabilitation and Therapeutic Integration providers to validate the provider survey results and determine compliance with the HCBS rule. DHMH and MSDE will visit all providers during 2016 and 2017 to validate survey results and discuss any potential issues or concerns. After that, site visits will be incorporated into the re-validation process and assessors will be trained in community settings for any provider not needing additional follow up to ensure compliance in the short term or to provide technical assistance.

REMEDIATION STRATEGIES

The following remediation strategies are currently being utilized:

- Technical assistance from Medicaid staff is available to providers if they have difficulty addressing any of the HCBS requirements. Two provider outreach meetings and webinars were held in Aug 2016; Community Settings Stakeholder meetings are held at least quarterly or when there are significant developments.

- In August 2016, OHS sent a mailing to providers who indicated non-compliance on certain questions from the provider survey. DHMH has eliminated any questions that were possibly confusing or were not directly specified in the HCBS rule. The letter was individualized to each provider, and contained the responses indicating non-compliance as well as corresponding explanations about the HCBS rule. Any provider who felt that they misunderstood the question(s) or that DHMH misunderstood their response(s) may submit a request for reconsideration within 10 days. Providers who do not submit a request for reconsideration are expected to submit a Corrective Action Plan (CAP) within 30 days, outlining how they will come into compliance, the expected timeframe and the responsible parties. See Appendix 11 for sample letter and instructions for CAP.

COMMUNITY PATHWAYS WAIVER

BACKGROUND

This 1915(c) waiver is administered by the Developmental Disabilities Administration (DDA) and provides services and supports to individuals with developmental disabilities of any age, living in the community through licensed provider agencies or self-directed services. The Community Pathways Waiver covers 19 different types of services delivered by licensed service providers and independent providers throughout the state. This waiver also gives the option of self-direction. Under self-direction, individuals are required to obtain the services of a Support Broker and Fiscal Management Service provider, who will assist in the planning, budgeting, management and payment of the person's services and supports. Individuals must need the level of care required to qualify for services in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

The Community Pathways Waiver offers the following services:

1. Assistive Technology and Adaptive Equipment
2. Behavioral Supports
3. Community Learning Services
4. Community Residential Habilitation Services
5. Day Habilitation – Traditional
6. Employment Discovery and Customization
7. Environmental Accessibility Adaptations
8. Environmental Assessment
9. Family and Individual Support Services
10. Fiscal Management Services
11. Live-In Caregiver Rent
12. Medical Day Care
13. Personal Supports
14. Respite
15. Shared Living
15. Support Brokerage
16. Supported Employment
17. Transition Services
18. Transportation
19. Vehicle Modifications

ASSESSMENT OF THE DDA'S SERVICE DELIVERY SYSTEM SETTINGS

From July through October 2014, the OHS and DDA completed reviews and analysis of: Maryland's National Core Indicator survey results; licensed providers data; self-assessment surveys; and the DDA Statute, Community Pathways application, and State regulations which are further described below.

Through routine monitoring efforts, including quality reviews, site visits, data analysis, and communication with participants and providers, Maryland is aware of much strength and weaknesses for the DDA service delivery system as they relate to the HCB setting rule.

The OHS and DDA, or their designated agents, currently monitor providers and service delivery through a variety of activities, including licensure surveys, site visits, Person Centered Plan reviews, complaints and incidents reviews, and National Core Indicator (NCI) surveys. These efforts will continue throughout the transition process and will be updated to include the new federal standards and other strategies recommended by stakeholders.

The Office of Health Care Quality (OHCQ) is a designated state licensing agent of the DDA. OHCQ is authorized to issue new licenses and renew licenses for existing licensed providers. It may conduct inspections as part of investigations or regular surveys and cite providers for noncompliance with the regulatory standards from the Code of Maryland Regulations (COMAR) Title 10 Subtitle 22 related to licensure and quality of care. Based on the severity of the finding, the OHCQ may require a plan of corrections from the provider or issue sanctions and pursue disciplinary action of license suspension or revocation for deficiencies cited from this subtitle.

Participant's Person Centered Plans are reviewed by several entities to ensure they comply with programmatic regulations, including coordinator of community services (case manager) and their supervisors, DDA regional office staff during site visits and quality audits, and the OHCQ during surveys and investigations.

Coordinators of community services (case managers) conduct quarterly face-to face visits to monitor service delivery including progress on goals, assessment of services as per the plan, status and confirmation of health services, eligibility, and incidents.

In accordance with the Department's Policy on Reportable Incidents and Investigations (PORII), all entities associated with the Community Pathways Waiver are required to report alleged or actual significant incidents in the DDA incident module including unauthorized restraints. Follow-up and investigative actions are taken as per policy and data are analyzed for trends and to identify areas in need of improvement.

Any person who believes that an individual has been subjected to abuse, neglect, or exploitation is required to report the alleged abuse, neglect, or exploitation immediately to the police, Adult Protective Services (APS) or Child Protective Services (CPS) office, and the DDA Regional Office. The complete incident report must be submitted within one working day of discovery.

The DDA also utilizes the National Core Indicators surveys to measure and track performance related to core indicators. Core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.

INITIAL ASSESSMENT STRATEGIES AND FINDINGS

Below are brief summaries of each activity OHS and DDA undertook to complete an initial analysis of the DDA service delivery system for compliance with the new HCB setting rule. This initial analysis was general in nature and does not imply that any specific provider or location is non-compliant solely by classification or service type.

National Core Indicators (NCI)

The DDA became a member of the NCI in 2011. Surveys include an adult consumer survey, family survey, and guardian survey which have been conducted for the past three years. The NCI Adult Consumer Survey is an interview conducted with a sample of individuals who are receiving DDA funding for services. This survey is used to gather data on approximately 60 consumer outcomes. Interviewers meet with individuals to ask questions about where they live and work, the kinds of choices they make, the activities they participate in within their communities, their relationships with friends and family, and their health and well-being. NCI indicators linked to the Community Settings Final Rule are reflected in Appendix 14.

For some areas Maryland scored above the national average and in other areas below. Examples, based on results from the 2013- 2014 surveys, include the following:

- 74% of respondents from Maryland and 82% across NCI states reported that they decide or have input in choosing their daily schedule
- 85% of respondents from Maryland and 87% across NCI states reported that they choose or have input in choosing how to spend their money
- 82% of respondents from Maryland and 91% across NCI states reported that they decide or have input in choosing how to spend free time
- 75% of respondents from Maryland and 71% across NCI states reported that they went out for entertainment in the past month
- 49% of respondents from Maryland and 48% across NCI states reported that they went out to a religious service or spiritual practice in the past month
- 64% of respondents from Maryland and 45% across NCI states reported that they went out on vacation in the past year
- 72% of respondents from Maryland and 76% across NCI states reported that they have friends other than family or paid staff
- 26% of respondents from Maryland and 26% Facross NCI states reported that they want to live somewhere else
- 43% from Maryland and 34% across NCI states reported that they want to go somewhere else or do something else during the day among respondents with a day program or regular activity

If applying a standard of 100%, as required in CMS for reporting of quality measures in 1915(c) Home and Community-Based waivers, Maryland did not meet this standard in any of the HCB setting requirements noted above.

Licensed Provider Data

Community Pathways' waiver providers may specialize in providing services to a particular group, such as individuals with medical complexities, behavioral challenges, or those who are court/forensically involved. Providers may also be licensed to provide more than one waiver service.

The DDA updated data on licensed providers including the number of people supported, number of sites, and number of people per site. These data will be used to target providers and sites for further reviews. Highlights are indicated below:

Personal Supports

- DDA funds 112 licensed providers to provide services
- 2,681 individuals receive these services in 2,502 sites.
    - 2,358 sites have one individual
    - 117sites include two individuals
    - 24 sites include three individuals
    - 3 sites include four individuals

Reference: Appendix 8

Residential Habilitation – Alternative Living Unit (ALU)

- DDA funds 118 licensed providers to provide ALU services
- 3,100 individuals receive these services in 1,330 sites.
    - 270 sites have one individual
    - 382 sites include two individuals
    - 648 sites include three individuals
    - 20 sites include four individuals

Reference: Appendix 8

Residential Habilitation – Group Home (GH)

- DDA funds 87 licensed provider to provide GH services
- 2,945 individuals receive these services in 773 sites.
    - 34 sites have one individual
    - 40 sites include two individuals
    - 203 sites include three individuals
    - 369 sites include four individuals
    - 81 sites include five individuals
    - 23 sites include six individuals
    - 13 sites include seven individuals
    - 16 sites include eight individuals

Reference: Appendix 8

Shared Living

- DDA funds 14 licensed providers to provide Shared Living services
- 212 individuals receives these services in 170 homes
    - 149 homes have one waiver individual
    - 27 homes include two waiver individuals
    - 3 homes include three waiver individuals

Reference: Appendix 8

Medical Day Care Services

- As of August 8, 2016 there were 645 individuals receiving services from 55 providers of Medical Day Care

Day Habilitation

- DDA funds 106 licensed providers to provide day services
- 8,838 individuals receive these services in 209 sites.
- Day provider site consumer count range is 1 – 372

Reference: Appendix 9

Supported Employment (SE)

- DDA funds 97 licensed provider to provide SE services
- 3,941 individuals receive these services.
- SE providers support from 1 – 527 individuals.

Reference: Appendix 9

Based on this information, further review and heightened scrutiny is needed to assess whether services or settings receiving Medicaid-funded HCBS may have institutional qualities or may be isolating individuals from the broader community due to structure of the setting, multiple provider settings being close to each other or on the same grounds, and settings that serve only those with disabilities with no or limited community interactions.

In addition, service providers shared concerns related to limited community options in rural areas of the State due to inadequate community transportation options and limited community business and resources such as libraries, malls, and restaurants, which have hindered opportunities to seek employment and work in competitive and integrated settings, engage in community life, and receive services in the community to the same degree as individuals who do not receive HCBS.

Initial Self-Assessment Surveys for Residential Services

During July through October of 2014, the DHMH worked with the Hilltop Institute, a non-partisan health research organization with an expertise in Medicaid, to develop and deliver preliminary self-assessment surveys that were specific to participants receiving residential habilitation services and their representatives, providers, and case managers. This process was an initial setting analysis and general in nature across three program populations including the Autism, Community Pathways, and the Home and Community-Based Options Waivers. To support participation in the survey, participant specific information such as name and program was not collected. This assessment process does not suggest that any specific program, provider or location is non-compliant solely by classification. Compliance will be determined through further analysis that might include: additional self-assessments for providers and participants, on-site reviews, stakeholder input, and further analysis of programmatic data. Below is a brief summary of the methodology and analysis of the three self-assessments. A full analysis and recommendations were made by the Hilltop Institute that can be found in Appendix 10.

Provider Self-Assessment

- 141 providers completed the provider survey
- Of these, 65 were assisted living providers and 71 were residential habilitation providers.
- Five providers failed to answer this question.
- Several questions were asked about the physical location of their settings, as well as the type of people served at the settings.

Participant Self-Assessment

- A total of 646 participants responded to the survey.
- Of the 646 participants, 71 indicated they lived in an assisted living unit, 186 indicated they lived in a group home/alternative living unit, 205 indicated it was neither an assisted living unit or a group home/alternative living unit, 6 indicated they did not know, and 178 did not answer the question.

Case Manager Self-Assessment

- 187 case manager responses

Based on the information gathered from the preliminary survey, areas that were identified for further review include those settings that may be in institutions, settings that may be isolating to participants (multiple provider settings close to each other and settings that serve only those with disabilities), and settings with criteria that had lower affirmative response rates (such as access to food, locking the front door, and lease issues).

Further review should include assessment of criteria for settings presumed not to be home and community-based: settings near other settings run by the provider for people with disabilities, an individual's control over their personal resources, community access and involvement, and the ability to file complaints. Additional areas of concern in residential settings are whether individuals may execute a lease, may choose a private room or a roommate, are guaranteed privacy and flexible access to food, and experience significant barriers related to provisions of the Community Settings Final Rule.

Assessments of DDA Statute, Waiver Application, and Regulations

Between September and November of 2014, the DDA completed a review of the Annotated Code of Maryland Health-General Article §7–1001 - §7–1301, Community Pathways Waiver application, and related State regulations including the Code of Maryland Regulations (COMAR) 10.09.26, 10.09.48, and 10.22 to determine the current level of compliance with the new federal requirements. COMAR 10.09 are specific to the Community Pathways Wavier and DDA's targeted case management services under the Medical Care Programs. COMAR 10.22 are specific to Developmental Disabilities and include 20 individual chapters on specific topics or services such as definitions; values, outcomes, and fundamental rights; individual plan; vocational programs; and community residential services. Regulations and statutes specific to institutional settings only were not included as they are not considered community or comply with the rule. In order to crosswalk regulation and waiver applications, Maryland utilized the "HCBS Worksheet for Assessing Services and Settings", developed by the Association of University Centers on Disabilities (AUCD), National Association of Councils on Developmental Disabilities (NACDD), and the National Disability Rights Network. This has allowed for consistency across programs and documents.

The preliminary review resulted in identification of missing criteria dictated by the Community Settings Final Rule and language that conflicts or is out of compliance with the rule that will require remediation. At times, language is noted that is similar to the federal requirements but may not apply to all services or elements of the requirement. See Appendices J1-J19 for specific details.

PRELIMINARY FINDINGS RELATED TO THE DDA SERVICE DELIVERY SYSTEM

Through the process described above, DHMH has determined that the following waiver services comply with the regulatory requirements because they are individualized services provided in the participant's private home or community:

1. Assistive Technology and Adaptive Equipment – technology and equipment to help participants live more independently
2. Behavioral Support Services – assist individuals who exhibit challenging behaviors in acquiring skills, gaining social acceptance, and becoming full participants in the community. Services are provided in residential habilitation sites, participant's homes, and other non-institutional settings to help increase independence including: behavior consultation; behavior plan development and monitoring; behavioral support; training for families and other service providers; behavioral respite; and intensive behavioral management services. Current regulations, COMAR 10.22.10.08 and 10.22.10.09, permit physical restraint and use of mechanical restraints and supports when the individual's behavior presents a danger to self or serious bodily harm to others or medical reasons. Regulations require a formal behavioral plan that includes historical information, analysis, strategies, and informed consent from the individual or guardian, as applicable.
3. Employment Discovery and Customization – time-limited, community-based services for up to six months, designed to provide discovery, customization, and training activities to assist a person in gaining competitive employment at an integrated job site where the individual is receiving comparable wages. Regulations are being drafted by a stakeholder group which will be reviewed for compliance with the Community Settings Final Rule.
4. Environmental Accessibility Adaptations – adaptations to make the environment more accessible
5. Environmental Assessment – assessment for adaptations and modification to help participants live more independently

6. Family and Individual Support Services – assistance in making use resources available in the community while, at the same time, building on existing support network to enable participation in the community
7. Fiscal Management Services – assistance with the financial tasks of managing employees for participants who self-direct their services
8. Live-In Caregiver Rent – funding for caregiver rent
9. Personal Supports – hands-on assistance or reminders to perform a task in own home, family home, in the community, and/or at a work site
10. Respite – short-term relief service provided when regular caregiver is absent or needs a break. The service is provided in the home and/or community settings to meet planned or emergency situations, giving caregivers a time free from their role as care provider.
11. Shared Living – An arrangement in which an individual, couple or a family in the community share life's experiences and their home with a participant. The structure and expectations of this service are such that it is similar to a family home, with expectations that the individual, couple, or family supports the waiver participant in the same manner as family members including engaging in all aspects of community life. Maryland's requirements for shared living settings are small with no more than three individuals requiring support living in the home. The experience of the individuals being supported through shared living will be indistinguishable from individuals living in their own or family home.
12. Support Brokerage – assistance with the self-directed services
13. Transition Services – one-time set-up expenses when moving from an institution or a provider setting to a living arrangement in a private residence
14. Transportation – services include mobility and travel training including learning how to access and utilize informal, generic, and public transportation for independence and community integration.
15. Vehicle Modifications – modifications to vehicles to meet participant's disability-related needs.

The DHMH also recognizes that respite care has been an approved service on many waiver applications in a variety of community and institutional locations. Respite care is defined as short-term relief service provided when regular caregiver is absent or needs a break. The service will remain in the Community Pathways waiver and will be provided in the home and/or community settings to meet planned or emergency situations, giving caregivers a time free from their role as care provider. Based on guidance received from CMS, the DHMH believes that because Respite Services are allowable in facilities that do not meet the HCB setting criteria that these settings will not need further review.

The State has determined that the following waiver services, associated regulations, and processes need further review and remediation to fully comply with the regulatory requirements. The DHMH will work with stakeholders and providers of these services to implement the changes needed to achieve full compliance.

1. Community Learning Services - Community-based services, activities, support, and education to help individuals whose age, disability, or circumstances currently limits their ability to be employed, and/or participate in activities in their communities. They assist in developing the skills and social supports necessary to gain, retain, or advance in employment. Service can be provided in groups of no more than four (4) individuals with developmental disabilities, all of whom have similar interests and goals as outlined in their person-centered plan except in the case of self-advocacy groups. They can also provide assistance for volunteering and retirement planning/activities.

   Further review is needed to ensure that individuals receive this Medicaid service are truly integrated and have full access to the greater community.

2. Community Residential Habilitation - Services are provided in either group homes (GHs) or alternative living units (ALUs) and help individuals learn the skills necessary to be as independent as possible in their own care and in community life.

   ALUs can be licensed to support one to three individuals and GHs can be licensed for up to eight individuals. Special permission is required for any individual living in a home of greater than three individuals. In reviewing these exceptions, the following are considered: 1) the wishes of the individuals living in or proposing to live in the home, 2) the interests of the individuals living in or proposing to live in the home, 3) health and safety, and 4) other exceptional circumstances. Provider data noted above indicated there are several residential provider sites with more than three individuals. These sites will need further review to ensure compliance with the rule.

   In addition, some sites have farmstead or disability-specific farm community characteristics or have multiple service settings co-located which will require further review.

   Residential providers have various sites that are established to meet the individual needs of the resident. Providers shared concerns with the initial self-assessment survey as it was based on a single site or facility and answers to questions would vary depending if based on specific sites. Further review of each site is needed to identify areas of concerns per site.

   Residential service providers also use various leases or residency agreement which need further review to determine if these are legally enforceable. Stakeholder input included the suggestion for a standardize lease or agreement

3. Day habilitation – Facility-based services designed to provide vocational assessment, training in work, social, behavioral, and basic safety skills. They are intended to increase independence and develop and maintain motor skills, communication skills, and personal care skills related to specific habilitation goals that lead to opportunities for integrated employment.

   Data demonstrate that the current service delivery system supports close to 9,000individuals in these service with one provider supporting 372 individuals. A few providers have transitioned their historic programs to focus on community-based activities and individualized integrated employment for people they serve. The DDA is working with these agencies to obtain transitioning strategies, challenges, and opportunities that can be shared with other providers to assist with transitioning and compliance with the Community Settings Final Rule.

4. Medical Day Care Services – Services provided in medically supervised, health-related services program provided in an ambulatory setting to support health maintenance and restorative services for continued living in the community.

   Current regulations COMAR 10.09.07 and 10.09.54 do not address many of the criteria from the HCB setting rule. Further review is needed to ensure that individuals who receive this Medicaid service are truly integrated and have full access to the greater community. Medical Day Care providers are approved and monitored by the Office of Health Services as part of the Medical Day Care Waiver. Therefore these services are being reviewed for compliance with the Community Settings Final Rule under the Medicaid Day Care Waiver.

5. Personal Supports – Services include hands-on assistance, prompting to perform a task, or supports for independent living. These supports are provided in participant's own home, family home, or in the community. Currently there are three homes supporting four individuals receiving services. One of the homes is a family where all members are receiving supports. The individuals at the other two homes are exploring other independent living arrangements.

6. Supported employment - Services are community-based services that assist an individual with finding and maintaining employment or establishing their own business. Supports may include job skills training, job development, and ongoing job coaching support. They are designed to assist with accessing and maintaining paid employment in the community.

   Maryland is a member of the State Employment Leadership Network (SELN), which includes state development disability agencies that share, educate, and provide guidance on communities of practice and policies around employment. Part of this effort includes the use of data to guide daily systems management. Maryland employment outcomes data includes various setting types, such as integrated jobs (i.e. individual competitive job, individual contracted job, group integrated job, and self-employment), facility-based employment, and community-based non-work.

   The data system is administered by the Institute of Community Inclusion (ICI) at the University of Massachusetts. This data is collected twice a year and covers a two week period. The data is captured in the month of May and October. Each provider is required to report on each person being supported in Day Habilitation, Employment Discovery and Customization, Supported Employment and Community Learning Services. Providers choose whichever two week period in that month they want. Providers report on all activities for each person during that specific two week period. This data has been collected since 2013 twice a year. This data has been used to shape future policies, build provider capacity and create an infrastructure for training and provider support.

   The most recent data below reflects the outcomes from data collected in October 2015:

Employment Related

	Individual Competitive Employment	Individual Contracted Work	Self-Employment	Group Integrated Job	Facility- Based Job
Number of Individuals	2160	405	60	1203	2680
Percentage	18.7	3.5	.5	10.4	23.2

Non Work Related Day Activities

	Community- Based Non Work	Facility- Based Non Work
Number of Individuals	4777	6405
Percentage	4104	55.5

Facility-based jobs and facility-based non-work activities will need further review.

Community Pathways Waiver Independent Reviews

To further assess and enhance the services delivery system and support quality of life for people utilizing communities of practice, the DDA procured consultants to review the Community Pathways Waiver including services definitions, quality enhancement, and performance measures; self-direction processes and policies; and targeted case management including person-centered planning. These reviews included various stakeholder input opportunities, such as public listening sessions facilitated by the consultants, and focused reviews for compliance with the Community Settings Final Rule.

DDA Rate Study

As per Maryland legislation passed last year, Chapter 648 of the Acts of 2014, the DDA procured a contractor to conduct an independent cost-driven rate setting study, develop a strategy for assessing the needs of individuals receiving services, develop a sound fiscal billing and payment system, and obtain input from stakeholders including individuals receiving services and providers. This rate setting process will look at all current and proposed new services. The anticipated duration of services to be provided under this contract is an eighteen-month base period and two one-year option periods. During the initial eighteen month performance period, the contractor will define the rates and provide a fiscal impact analysis. The option periods will be exercised if implementation support is required.

DDA Transition Advisory

The "DDA Transition" advisory group was established to provide information and guidance to the DHMH related to strategies associated with the State Transition Plan due to the unique needs of individuals with developmental disabilities, the DDA provider service delivery network, and historical practices. The group includes program participants, family members, self-advocates and representation from various stakeholder organizations such as: People on the Go (self-advocacy organization), the Maryland Developmental Disabilities Council, the Maryland Center for Developmental Disabilities, the DDA Quality Advisory Council, the Disability Rights Maryland (formerly the Maryland Disability Law Center), The Arc of Maryland, the Coordination of Community Services Coalition, and the Maryland Association of Community Services (MACS) (provider association). This group provides recommendations and guidance on stakeholder input, remediation strategies, and action items from the transition plan.

TIERED STANDARDS

The DDA has established a stakeholder group to assist with the development of Tiered Standards. Current day and residential settings currently in use in the Community Pathways waiver may continue within the waiver, as long as they will be able to meet the minimum standard set in the

rule on or before the end of the transition period. The DDA may suspend admission to the setting or suspend new provider approval or authorizations for those settings based on the establishment of Tiered Standards. The new standards may establish or promote new or existing models of service that more fully meet the DDA's vision and priority focus areas including self-direction, self-determination, employment, supporting families, and independent supported housing. Once finalized, the standards will be incorporated into a waiver amendment.

HEIGHTENED SCRUTINY

Assuming the provider wants to and is able to comply with the HCBS rule before March 2019, Maryland will require heighten scrutiny for the following settings, but not limited to:

- Sheltered workshops
- Farmsteads
- Licensed residential sites in close proximity (e.g. next door or multiple homes on a cul-de-sac)

Maryland will identify settings that may appear to have qualities of an institution or appear to be isolating individuals from the community but have been determined to meet the community settings requirements. DHMH's heighten scrutiny reviews will consist of:

- A review of person-centered support plans and Community Setting Questionnaire for individuals receiving services in the setting
- Interviews with service recipients
- A review of data pertaining to services utilized by persons receiving services in the specified setting
- An on-site visit and assessment of physical location and practices
- A review of policies and other applicable service related documents
- Additional focused review of the agency's proposed transition plan as applicable including how each of the above is expected to be impacted as the plan is implemented
- State determination regarding:
    - Whether the setting in fact is "presumed to have the qualities of an institution" as defined in rule/guidance
    - Whether the presumption is overcome based on evidence
- Collection of evidence to submit to CMS to demonstrate compliance

PROVIDER SELF-ASSESSMENTS

In partnership with DDA Transition Team and the assistance of The Hilltop Institute, the DHMH developed new provider specific (i.e. Residential and Non-Residential) comprehensive self-assessment surveys specific to the DDA service delivery system and HCB setting requirements to provide additional data to determine compliance. As noted in The Hilltop Institute's survey finds in Appendix 10, there were several limitations to

the initial surveys as they did not account for different waiver populations and provider systems. Prior to the implementation of a provider self-assessments survey, the DHMH piloted the surveys with a volunteer group providers for both the Residential and Non-Residential Surveys to test the survey questions and results. Surveys were revised based on recommendations from the DDA Transition Team and dissemination to related provider groups.

Non-Residential Provider Self-Assessment

DHMH implemented the DDA Non-Residential Provider Self-Assessment in April 2016. Compliance with the provider survey will be ensured by suspending the provider number of non-responding providers. As of June 2016, only three providers have not completed the survey. A Medicaid withholding payment letter was sent in June 2016. Providers must comply by the end of July 2016 or their Medicaid provider number will be suspended.

DHMH will send letters to providers who indicated non-compliance on certain questions from the provider survey. The letter will be individualized to each provider, and contains question(s) deemed non-compliance as well as corresponding explanations. Any provider who felt that they misunderstood the question(s) or that DHMH misunderstood their response(s) may submit a request for reconsideration within 10 days. Providers who do not submit a request for reconsideration are expected to submit a Provider Transition Plan to come into compliance with the requirements. See Appendix 11 for sample letter and instructions for transition plan.

Residential Provider Self-Assessment

DHMH implemented the DDA Residential Provider Self-Assessment in June 2016. Compliance with the provider survey will be ensured by suspending the provider number of non-responding providers. Providers with less than 40 sites must complete the survey by July 31, 2016. Providers with more than 40 sites must complete the survey by August 31, 2016.

DHMH and Hilltop Institute will be analyzing the data from the provider survey to determine compliance with all components of the rule.

DHMH will send letters to providers who indicated non-compliance on certain questions from the provider survey. The letter will be individualized to each provider, and contains question(s) deemed non-compliance as well as corresponding explanations. Any provider who felt that they misunderstood the question(s) or that DHMH misunderstood their response(s) may submit a request for reconsideration within 10 days. Providers who do not submit a request for reconsideration are expected to submit a Provider Transition Plan to come into compliance with the requirements. See Appendix 11 for sample letter and instructions for transition plan.

PARTICIPANT ASSESSMENTS

DHMH will be using the Community Setting Questionnaire (CSQ) approved by CMS under the Community First Choice program for all waiver programs, including the Community Pathways program. See Appendix 12 for the day program CSQ and Appendix 13 for the residential program CSQ.

DDA's Coordinators of Community Services (case managers) will administer the CSQ during quarterly monitoring visits and enter into a data base so a comparison can be made between the participant questionnaire and the provider self-assessment. We project to have the information collected by December 31, 2016.

The CSQ will then be conducted annually or with any chance in service settings. The CSQ is also being incorporated into Maryland LTSS tracking system to support ongoing monitoring. System implementation is scheduled for 2017.

VALIDATION OF FINDINGS AND SETTINGS INVENTORY – ON SITE ASSESSMENTS

Medicaid Re-Validation

As part of the DHMH's re-validation process, site visits are made to all Medicaid providers to meet the Affordable Care Act (ACA) standards. During the site visit, the surveyor reports any observed unsafe conditions and/or inappropriately locked (or unlocked) spaces. They will take photos of the facility to document whether it is open and operational. They will scan for accessibility and settings structure such as multiple sites in one location, farmsteads, and other potential isolating characteristics. Pictures and narrative information is then shared with DHMH and administrating agencies such as the DDA for further assessment.

DDA Site Specific Assessment

Based on the results of the preliminary data analysis and statewide provider survey, Maryland will identify specific licensed sites that will need further review prior to the completion of a comprehensive setting results document in order to validate the information obtained through the comprehensive survey.

Validation of the compliance of the specific sites will be determined by CMS guidance as to what is and is not a community setting. CMS has issued clear guidance that any setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS is presumed to have the qualities of an institution. Maryland, with the assistance of The Hilltop

Institute and stakeholders, will utilize this guidance in developing and establishing criteria for engaging in site specific assessments. Results of the site-specific assessments will be used to identify specific settings that do not meet the HCB setting requirements. Site visits will be coordinated by the DDA during the months of January through June 2017.

COMPREHENSIVE SETTING RESULTS OF THE DDA SERVICE DELIVERY SYSTEM

Maryland will develop a comprehensive setting results document, which identifies and publically disseminates the DDA service delivery system's level of compliance with HCB setting standards. The data gathered from the comprehensive setting results document will be utilized to begin the process of correction and implementation of the necessary remedial strategies.

Maryland will develop a comprehensive setting results document which identifies the number of DDA settings that:

- Fully comply with the HCB setting requirements;
- Do not meet the HCB setting requirements and will require modifications; and
- Are presumptively non-home and community-based but for which the DHMH will provide justification/evidence to show that those settings do not have the characteristics of an institution and do have the qualities of home and community-based settings for CMS' heightened scrutiny process.

DDA OVERSIGHT PROCESS/QUALITY ASSURANCE TO ENSURE CONTINUOUS COMPLIANCE WITH HCB SETTING CRITERIA

The DDA Quality Enhancement Director is responsible for oversight and compliance. In addition, the DDA's Quality Advisory Council, composed of various program participants, stakeholders and provides, will also provide recommendations to the DDA regarding system-wide quality. By utilizing existing data sources, such as the NCI that allows for state-to-state comparisons, Council members will provide input and recommendations on improvements to the DDA service delivery system to improve community integration, service delivery, and compliance with the Community Settings Final Rule. The DDA conducts and presents analysis of data on quality assurances, performance measures, and best practices and evidence-based policies to enhance the quality of services and supports to people with developmental and intellectual disabilities.

As Maryland moves forward in further assessing the DDA service delivery system's compliance with HCB setting rule the DHMH intends to work closely with individuals receiving services, their families, self-advocates, and service providers. The DHMH's intent is to engage in a collaborative process which will involve a high level of inclusion of all stakeholders. Throughout the four year transition process OHS and DDA will continually seek out and incorporate stakeholder and other public input.

HOME AND COMMUNITY-BASED OPTIONS WAIVER (HCBOW)

BACKGROUND

The Home and Community-Based Options Waiver (HCBOW) provides services for older adults and individuals with physical disabilities in order for them to live at home or an assisted living facility instead of a nursing facility. Participants are 18 and older who meet the level of care required to qualify for nursing facility services.

Services that may be provided include:

1. Assisted Living Services
2. Behavior Consultation Services
3. Case Management
4. Family Training
5. Dietician and Nutritionist Services
6. Medical Day Care
7. Senior Center Plus
8. Respite Care*

*Respite care is defined as temporary relief for caregivers of those unable to care for themselves due to physical and/or cognitive impairments.

ASSESSMENT OF THE SERVICE DELIVERY SYSTEM SETTINGS

Many processes are currently in place to assist OHS in assessing the strengths and weaknesses of the program as it relates to the HCB Settings Rule. OHS monitors providers and service delivery through a number of mechanisms. These efforts will continue throughout the transition process, and will be updated to reflect the new federal standards and other strategies recommended by stakeholders.

The following mechanisms are used to monitor providers and service delivery:

- OHS is responsible for trending, prioritizing, determining and developing recommendations for system improvements based on data analysis.

- Regular reporting and communication facilitate ongoing discovery and remediation. Partners include, but are not limited to: OHS, Office of Health Care Quality (OHCQ), providers, participants, family, Community Options Advisory Council, Quality Council (QC) and other stakeholders. A plan to work on significant problem areas may result in the establishment of a specific task group or groups.

    - The Community Options Advisory Council includes Community First Choice Implementation Council and Waiver Advisory Councils.

    - QC is a cross-agency quality committee that meets regularly to address quality issues through data analysis, share program experiences and information. It further refines the waivers' quality management systems.

- HCBOW has a Quality Management Strategy designed to review operations on an on-going basis, discover issues with operations, remediate those issues, and develop quality improvement initiatives to prevent the repeat of operational problems.

- The use of the Community Settings Questionnaire (CSQ), which was implemented with the start of the Community First Choice program (CFC). CFC, which is available to all waiver participants living in the community, has been compliant with the Home and Community-Based Settings rule from its inception in January 2014. CSQ has been approved by CMS for use as the participant survey. The CSQ has been administered to every CO participant in a residential setting as for May 2016. Both the Hilltop Institute and DHMH have access to both the CSQ and the provider survey, the data is complete for both, and we have started cross referencing the surveys to validate the responses and address inconsistencies. Providers who gave responses inconsistent with the participant survey will receive a letter from DHMH in September 2016 asking for clarification, and the Supports Planner will follow up with the resident.

- OHS conducts site visits to ensure ongoing compliance with licensing requirements. Licenses are issued by OHCQ.

- Plan of Services are reviewed by participants and their case managers quarterly to monitor service delivery - including progress on goals, assessment of services as per the plan, status and confirmation of health services, eligibility, and incidents. These plans are resubmitted

annually to OHS for review. Support Planners must submit a CSQ prior to submitting the Plan of Service. CSQ was updated to reflect the HCB Settings rule and account for complicated situations. Supports Planners visit ALFs before a client moves there and services are approved.

- OHS provides orientation for individuals applying to become a Medicaid-funded provider of Assisted Living Facilities (ALF). All Assisted Living Facilities (ALF) providers must attend an orientation prior to being enrolled as an ALF provider. This process is in addition to the 80-hour manager's course that Assisted Living managers must take before the facility and program will be considered for licensure. ALF providers receive CSQ information during orientation.

- All entities associated with HCBOW are required to report alleged or actual Reportable Events in full on the Department's Reportable Events form in the tracking system. QC analyzes trends and identifies areas in need of improvement.

    - Any person who believes that an individual has been subjected to abuse, neglect, or exploitation is required to report the alleged abuse, neglect, or exploitation immediately to the police, Adult Protective Services (APS) or Child Protective Services (CPS) office. The complete incident report must be submitted within one working day of discovery.

    - Medicaid staff conducts on-site reviews of unexplained participant deaths that occur in Assisted Living facilities. Unexplained deaths would be those that are suspected to have resulted from other than natural causes, potentially due to abuse or neglect. All such cases are also reported to adult or child protective services authorities as well as the appropriate legal authority.

INITIAL ASSESSMENT STRATEGIES AND FINDINGS

Waiver Application and State Regulations Review

In 2014, OHS reviewed the Home and Community-Based Waiver application and State regulations - including COMAR 10.07.14, 10.09.54, 32.03.01 and 32.03.04 - to determine the current level of compliance with the new federal requirements. In order to crosswalk all of the documents, Maryland utilized the "HCBS Worksheet for Assessing Services and Settings" developed by the Association of University Centers on Disabilities (AUCD), National Association of Councils on Developmental Disabilities (NACDD) and National Disability Rights Network. This has allowed for consistency across programs and documents.

The preliminary review resulted in identification of missing criteria dictated by the Home and Community-Based Settings rule and language that conflicts or is out of compliance with the rule. See Appendices B, F and N for specific details.

Services in Compliance

Through the process described above, the State has determined that the following waiver services comply with the regulatory requirements since they are individualized services provided in the participant's private home or community:

- Behavior consultation services
- Case management
- Family training
- Dietician and nutritionist services

In addition, respite care will not need further review. This decision was made based on guidance from CMS, and because respite services are allowable in facilities that do not meet HCB setting criteria.

Respite care is provided to participants on a short-term basis because of the absence or the need for relief of an individual normally providing care in an Assisted Living facility or other facility approved by the State.

The State recognizes that respite care has been an approved service on many waiver applications in a variety of community and institutional locations. Respite care will remain in the waiver and provided in the home, community settings, assisted living and nursing facilities.

Service Settings that Need Further Review

The State has determined that the following waiver services, associated regulations, and processes need further review and remediation to fully comply with the regulatory requirements. The State will work with stakeholders and providers of these services to implement the changes needed to achieve full compliance.

- Medical Day Care
    - A program of medically supervised, health-related services provided in an ambulatory setting to medically disabled adults who need health maintenance and restorative services to support their continued living in the community.
    - Current regulations COMAR 10.09.07 and 10.09.54 do not address many of the criteria from the HCB setting rule. Further review is needed to ensure that individuals receiving this service are truly integrated and have full access to the greater community.

- Senior Center Plus

    - A program of structured group activities and enhanced socialization provided for four or more hours a day on a regularly scheduled basis. The program is designed to facilitate optimal functioning, orientation and cognitive ability. Senior Center Plus is provided in an outpatient setting, most often within a senior center. Services available in a Senior Center Plus program include: social and recreational activities designed for elderly/disabled individuals, supervised care, assistance with activities of daily living, instrumental activities of daily living and enhanced socialization and one meal. Health services are not included; hence, Senior Center Plus is an intermediate option between senior centers and medical day care.
    - Current regulations COMAR 10.09.54 and 32.03.01 do not address many of the criteria from the HCB setting rule. Further review is needed to ensure that individuals receiving this service are truly integrated and have full access to the greater community.

- Assisted Living

    - A licensed facility/home that provides housing and supportive services for individuals who need assistance in performing activities of daily living - such as eating, toileting, dressing and, if needed, medication management.
    - Current regulations COMAR 10.09.54 and 10.07.14 do have two areas in which providers' policies will need to better accommodate resident preferences and rights are enabling ongoing access to food during the day and allowing visitation at any time.
    - In addition, residential service providers also use various leases or residency agreement that will need further review to determine if these are legally enforceable.
    - Further review of each site will be necessary to determine compliance.

<u>Provider Data</u>

To further evaluate service settings, OHS examined provider data. The following information is based on FY2014 billing data:

- Medical Day Care
    - OHS funds 117 providers
    - 4, 781 individuals receive services

- Senior Center Plus – Usually provided in Medical Day Care Facilities
    - OHS funds 7 providers
    - 30 individuals receive services

- Assisted Living
    - OHS funds 452 providers
    - 1509 participants receive services (including Level II and Level III)

Reference: Appendix 2.

Residential Services Self-Assessment Surveys

In 2014, OHS worked with Hilltop Institute, a non-partisan health research organization with an expertise in Medicaid, to develop and deliver preliminary self-assessment surveys. This process was an initial setting analysis and general in nature across three program populations - Autism, Community Pathways, and HCBOW. To encourage participation in the survey, the participant identifying information such as name and program was not collected.

This assessment process does not suggest that any specific program, provider or location is non-compliant solely by classification. Compliance will be determined through further analysis that includes: additional self-assessments for providers and participants, on-site reviews, stakeholder input, and further analysis of programmatic data.

The following self-assessment surveys were completed:

- Provider Self-Assessment
    - 141 providers completed the survey
        - 65 were Assisted Living providers
        - 71 were Residential Habilitation providers
    - Five providers failed to answer these questions

- Participant Self-Assessment
    - 646 participants completed the survey
        - 71 indicated they lived in an assisted living unit
        - 186 indicated they lived in a group home/alternative living unit
        - 205 indicated it was neither an assisted living unit or a group home/alternative living unit
        - 6 indicated they did not know

    - 178 did not answer the question

- Case Manager Self-Assessment
    - 187 case managers completed the survey

A full analysis and recommendations were made by the Hilltop Institute and can be found in Appendix 10.

ASSESSMENT STRATEGIES AND FINDINGS

Maryland is committed to coming into full compliance with the HCBS rule in advance of the deadline. The following are strategies utilized to come into full compliance with the Home and Community-Based Settings rule:

- Transition Advisory Teams were created in 2015 and the stakeholder process is ongoing, with meetings on or about a monthly basis.
- DHMH already has a process to assure that participants, through the person-centered planning process, are given the opportunity, the information, and the supports to make an informed choice for relocation if they desire or if it becomes necessary. Maryland provides a Freedom of Choice (FOC) form to participants. The form includes an attestation that the participant received a list of all providers. Participants currently sign the FOC prior to enrollment.
- Maryland law and all regulations related to the Assisted Living program were reviewed. OHS has determined that nothing in current law or regulations conflicts with the HCBS rule. However, there are some areas of the HCBS rule that are not addressed by current regulations. DHMH will update the regulations accordingly within the next two years.
- OHS is in the process of doing a systemic assessment of all providers of facility based or residential services.

Provider Survey

A pilot survey was completed in Fall 2015.

To further assess providers, OHS implemented the HCBS Provider Self-Assessment in January 2016. Compliance with the provider survey was ensured by suspending the provider number of non responding providers. All providers have completed the survey or are no longer in operation. Hence, no providers were suspended.

- DHMH and Hilltop Institute analyzed the data from the provider survey to determine compliance with all components of the rule. Preliminary results show that compliance is possible for all providers by 2019. The report from the Hilltop Institute is included with the STP submission and is published on the DHMH website.

Participant Survey

DHMH will be using a modified version of the Community Settings Questionnaire (CSQ) approved by CMS for all waiver programs. The CSQ is administered to waiver participants annually by their Supports Planner during their annual meeting or when they change residences. As of May 2016, all CO participants receiving CFC or ALF services have a completed residential CSQ. As it is being housed in the Maryland LTSS tracking system, Hilltop Institute has access to the data and will compare it to results from the provider survey.

DHMH has revised the CSQ to reflect all waiver programs for both day programs and residential programs. See Appendix 12 for a copy of the current day program CSQ and Appendix 13 for the residential CSQ.

The following are findings specific to ALFs:

- 29 providers self identified as being located in a nursing facility, institution for mental disease, intermediate care facility for individuals with intellectual disabilities, or a hospital. These providers may need to be subject to heightened scrutiny, if they are community in nature and intend to comply with the HCBS rule before March 2019. However, more research is needed to determine if they really are located in a nursing facility, institution for mental disease, intermediate care facility for individuals with intellectual disabilities, or a hospital, or if the self report is inaccurate.

- 39 providers self identified as being located on the grounds or adjacent to a facility that provides inpatient institutional treatment. We believe that many of these 39 overlap with the 29 who say they are being located in a nursing facility, institution for mental disease, intermediate care facility for individuals with intellectual disabilities, or a hospital, as the questions are similar.

- 21 providers self report complete compliance, which means none of the 75 questions were "failed". DHMH considers any response indicating noncompliance with any portion of the rule as a "fail".

The most commonly failed questions for ALFs are:

ALF Top Failed Questions:	**Total Number of Failed Responses:**
Do participants have keys to their entrance door (i.e., the front door)	381
Do participants control their own funds? (i.e., participants have their own checking or savings account that they manage.)	368
Do participants have keys to their bedroom doors?	350
Does the site have a physically accessible kitchen for participants to use?	219

Further research is needed to determine the accuracy of these self reports. DHMH utilizes the participant survey and site visits process as additional strategies to validate the results from the HCBS Provider Self-Assessment.

Participant Survey

The Community Settings Questionnaire (CSQ) is currently given to waiver participants annually or with any change in residence by the Supports Planner. All Supports Planners - case managers who are not associated with the provider - are required to complete a CSQ with their client after visiting the setting.

All CO participants have had a current CSQ since May 2016. As it is being housed in the Maryland LTSS tracking system, the data will be cross referenced with the provider survey by the Hilltop Institute. DHMH has begun cross referencing the surveys and providers who gave conflicting responses will receive a letter asking for clarification in September 2016. Supports Planners will follow up with the participant when conflicting responses are detected.

Site Visits

All ALF providers will be re-validated to meet the Affordable Care Act (ACA) standards. As of April 2016, there are 668 ALF providers. OHS has sent mailings to approximately 1/2 of the providers, and will continue with wave mailings until completed. The project should be completed by December 31, 2017. Each provider is required to submit an updated application, current ALF license, resumes for manager and alternate manager, copy of current license for delegating nurse, resident agreement, resident rights, and resident house rules to verify adherence to program regulations. The resident agreements, resident rights documents, and house rules are being reviewed to ensure compliance with the community settings rule. Providers will be educated on their responsibilities under the community settings rule and will receive letters if their documentation indicates a conflict with HCBS rules (ex. They will be told they cannot have scheduled visiting hours or scheduled meal times.)

As part of the re-validation process, starting in May 2016, site visits are made to all ALF providers to validate the provider survey and determine compliance with aspects of the HCBS rule. The site team visitors are DHMH contractors, reviewing ACA required information and three questions about community settings. The following questions are added to the re-validation checklist:

- Is the ALF located in, adjacent to, or on the grounds of a nursing facility, an institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities or a hospital?
- Is the site near other private residences or retail businesses and not physically isolated from the greater community? (i.e., not a gated setting, secured community, farm community, or campus setting)
- Is all personal information about participants kept in a secure and private location? (e.g., in a locked file cabinet.)

Site visitors also report any observed unsafe conditions and/or inappropriately locked (or unlocked) spaces. They also send pictures and narrative information to DHMH of any observed isolating residences.

All Supports Planners currently visit their clients in the clients' residence at least quarterly. For site visits, Supports Planners will assess community settings compliance and report their findings to DHMH.

Additional site visits will be made by the DHMH Reportable Events Unit to ALFs which may need heightened scrutiny or who are compliance problems.

REMEDIATION STRATEGIES

The following remediation strategies are currently being utilized:

- Technical assistance from Medicaid staff is available to providers if they have difficulty addressing any of the HCBS requirements. Community Settings Stakeholder meetings are held at least quarterly or when there are significant developments.

- As part of the ALF re-validation process, providers are sent educational materials on the HCBS rule as well as policies and procedures. OHS also reviews and provides feedback on residential agreements that are in conflict with the community settings rule.

- In July 2016, OHS conducted a mailing to providers who indicated non-compliance on certain questions from the provider survey. DHMH has eliminated any questions that were possibly confusing or were not directly specified in the HCBS rule. The letter is individualized to each provider, and contains responses deemed non-compliance as well as corresponding explanations about the HCBS rule. Any provider who felt that they misunderstood the question(s) or that DHMH misunderstood their response(s) may submit a request for reconsideration within 10 days. Providers who did not submit a request for reconsideration are expected to submit a Corrective Action Plan (CAP) by August 5, 2016 detailing how they plan to come into compliance, when they expect to come into compliance, and who is responsible. See Appendix 11 for sample letter and instructions for CAP.

MEDICAL DAY CARE SERVICES WAIVER

BACKGROUND

The Medical Day Care Services Waiver offers qualified participants services in a community-based day care facility. Day care centers operate five to seven days a week providing services 4 to 12 hours a day. Participants are 16 years and older who meet the level of care required to qualify for nursing facility services.

The following services may be provided:

1. Prevention, Diagnosis, Treatment, Rehabilitation and Continuity of Care Assessments
2. Skilled Nursing and Nursing Assessments, including Medication Monitoring
3. Physical Therapy Services
4. Occupational Therapy Services
5. Personal Care Services
6. Nutrition Services, including Meals
7. Social Work Services, including Daily Living Skills Training and Enhancement
8. Activity Programs
9. Transportation Services

ASSESSMENT OF THE SERVICE DELIVERY SYSTEM SETTINGS

Many processes are currently in place to assist OHS in assessing the strengths and weaknesses of the program as it relates to the HCB Settings Rule. OHS monitors providers and service delivery through a number of mechanisms. These efforts will continue throughout the transition process, and will be updated to reflect the new federal standards and other strategies recommended by stakeholders.

The following mechanisms are used to monitor providers and service delivery:

- OHS is responsible for trending, prioritizing, determining and developing recommendations for system improvements based on data analysis.

- Regular reporting and communication facilitate ongoing discovery and remediation. Partners include, but are not limited to: OHS, Office of Health Care Quality (OHCQ), providers, participants, family, Waiver Advisory Councils, Quality Council, industry associations, and other stakeholders. A plan to work on significant problem areas may result in the establishment of a specific task group or groups.

    - Quality Council is a cross-agency quality committee that meets regularly to address quality issues through data analysis, share program experiences and information. It further refines the waivers' quality management systems.

- Medical Day Care Services Waiver performs quality management activities to review operations on an on-going basis, discover issues with operations, remediate those issues, and develop quality improvement initiatives to prevent the repeat of operational problems.

- OHS conducts site visits to review and ensure:

    - Ongoing compliance with licensing requirements. Licenses are issued by OHCQ.
    - Ongoing compliance with Participants Plan of Services

- Providers care plans to OHS on a quarterly and annual basis. OHS reviews the care plans for:
    - Status and confirmation of health services
    - Eligibility
    - Incidents

- All entities associated with the Medical Day Care Services Waiver are required to report alleged or actual Reportable Events in full on the Department's Reportable Events form in the tracking system. Quality Council analyzes trends and identifies areas in need of improvement.

    - Any person who believes that an individual has been subjected to abuse, neglect, or exploitation is required to report the alleged abuse, neglect, or exploitation immediately to the police, Adult Protective Services (APS) or Child Protective Services (CPS) office. The complete incident report must be submitted within one working day of discovery.
    -

INITIAL ASSESSMENTS STRATEGIES AND FINDINGS

Waiver Application and State Regulations Review

In 2014, OHS reviewed the Medical Day Care Services Waiver application and State regulations - including COMAR 10.09.07, 10.09.61, and 10.12.04 – to determine the current level of compliance with the new federal requirements. In order to crosswalk all of the documents, Maryland

utilized the "HCBS Worksheet for Assessing Services and Settings" developed by the Association of University Centers on Disabilities (AUCD), National Association of Councils on Developmental Disabilities (NACDD) and National Disability Rights Network. This has allowed for consistency across programs and documents.

The preliminary review resulted in identification of missing criteria dictated by the Home and Community-Based Settings rule and language that conflicts or is out of compliance with the rule.
See Appendices C, I and O for specific details.

Provider Data

To further evaluate, OHS examined provider data. The following information is based on FY2014 billing data:

- OHS funds 117 Medical Day Care providers
- 4892 individuals receive services

Reference: Appendix 4

ASSESSMENT STRATEGIES AND FINDINGS

Maryland is committed to coming into full compliance with the HCBS rule in advance of the deadline. The following are strategies utilized to come into full compliance with the Home and Community-Based Settings rule:

- Transition Advisory Teams were created in 2015 and the stakeholder process is ongoing, with meetings on or about a monthly basis.
- DHMH already has a process to assure that participants, through the person-centered planning process, are given the opportunity, the information, and the supports to make an informed choice for relocation if they desire or if it becomes necessary. Maryland provides a Freedom of Choice (FOC) form to participants that include an attestation that the participant received a list of all providers. Participants currently sign the FOC prior to enrollment.

- Maryland law and all regulations related to the Medical Day Care Waiver program were reviewed. OHS has determined that nothing in current law or regulations conflicts with the HCBS rule. However, there are some areas of the HCBS rule that are not addressed by current regulations. DHMH will update the regulations accordingly within the next two years.

Provider Survey

A pilot survey was completed in Fall 2015.

To further assess providers, OHS implemented the HCBS Provider Self-Assessment in January 2016. Compliance with the provider survey was ensured by suspending the provider number of non responding providers. All providers have completed the survey or are no longer in operation. Hence, no providers were suspended.

DHMH and Hilltop Institute analyzed the data from the provider survey to determine compliance with all components of the rule. Preliminary results show that compliance is possible for all providers by 2019. The Hilltop Institute report is included with the STP submission and published on the DHMH website.

The following are findings specific to MDC:

- 7 providers self identified as being located in a nursing facility, institution for mental disease, intermediate care facility for individuals with intellectual disabilities, or a hospital. These providers may need to be subject to heightened scrutiny, however more research is needed to determine if they really are located in a nursing facility, institution for mental disease, intermediate care facility for individuals with intellectual disabilities, or a hospital, or if the self report is inaccurate.

- 12 providers self identified as being located on the grounds or adjacent to a facility that provides inpatient institutional treatment. We believe that many of these twelve overlap with the seven who say they are being located in a nursing facility, institution for mental disease, intermediate care facility for individuals with intellectual disabilities, or a hospital, as the questions are similar.

- 11 providers self report complete compliance, which means none of the 75 questions were failed.

Further research is needed to determine the accuracy of these self reports. DHMH utilizes the participant survey and site visits process as additional strategies to validate the results from the HCBS Provider Self-Assessment.

Participant Survey

Community Settings Questionnaire (CSQ) will be given to waiver participants annually by the MDC Social Workers as they act as Case Managers for participants receiving MDC only. All Social Workers will be required to complete a CSQ with their client.

CSQ will be completed by the end of 2017. As it is being housed in the Maryland LTSS tracking system, Hilltop Institute has access to the data and will compare it to results from the provider survey.

DHMH is also currently revising the CSQ to reflect all waiver programs. See Appendix 12 for a copy of the current CSQ as well as a draft updated CSQ.

Site Visits

All Medical Day Care providers will receive a site visit to validate the provider survey results and determine compliance with the HCBS rule by the end of 2017. Site visits are incorporated into the re-validation process and the assessors will be trained on community settings going forward.

REMEDIATION STRATEGIES

The following remediation strategies are currently being utilized:

- Technical assistance from Medicaid staff is available to providers if they have difficulty addressing any of the HCBS requirements. A meeting with providers was held in June 2016 and HCBS rule stakeholder group meetings are held at least quarterly.

- In July 2016, OHS conducted a mailing to providers who indicated non-compliance on certain questions from the provider survey. DHMH has eliminated any questions that were possibly confusing or were not directly specified in the HCBS rule. The letter is individualized to each provider, and contains response(s) deemed non-compliance as well as corresponding explanations about the HCBS rule. Any provider who felt that they misunderstood the question(s) or that DHMH misunderstood their response(s) may submit a request for reconsideration within 10 days. Providers who did not submit a request for reconsideration are expected to submit a Corrective Action Plan (CAP) by July 31, 2016. See Appendix 11 for sample letter and instructions for CAP.

MODEL WAIVER FOR MEDICALLY FRAGILE CHILDREN

BACKGROUND

This waiver allows children with complex medical needs to receive medical care in their homes instead of a hospital, nursing facility, or other long-term care facility. The Department of Health and Mental Hygiene administers this waiver. Participants must be enrolled in the program prior to age 22. They may remain in the program as long as eligibility requirements are met. The ages of those served in this program are birth through age 21. The child must have complex medical needs, be at risk of long-term hospitalization, and need the level of care required to qualify for nursing facility or chronic hospital services.

Services that may be provided include:

1. Case management
2. Medical Day Care
3. Home health aide assistance
4. Physician participation in the plan of care development
5. Private duty nursing

INITIAL ASSESSMENT STRATEGIES AND FINDINGS

Through the preliminary assessment process, the State has determined that the following waiver services comply with the regulatory requirements because they are individualized services provided in the participant's private home or community:

1. Case management
2. Home health aide assistance
3. Physician participation in the plan of care development
4. Private duty nursing

<u>Waiver Application and Regulations Assessment</u>

Between September and November 2014, the OHS completed a review of the Annotated Code of the Model Waiver application, and State regulations, including COMAR 10.09.27, to determine the current level of compliance with the new federal requirement. In order to crosswalk all of the following documents, Maryland has utilized the "HCBS Worksheet for Assessing Services and Settings," developed by the Association of University Centers on Disabilities (AUCD), National Association of Councils on Developmental Disabilities (NACDD), and the National Disability Rights Network. This has allowed for consistency across programs and documents.

The preliminary review resulted in identification of missing criteria dictated by the Final Rule, but no language that conflicts or is out of compliance with the rule that will require remediation. See Appendices D and P for specific details.

PRELIMINARY FINDINGS RELATED TO THE SERVICE DELIVERY SYSTEM

The State has determined that the following waiver services, associated regulations, and processes need further review and remediation to fully comply with the regulatory requirements. The State will work with stakeholders and providers of these services to implement the changes needed to achieve full compliance.

Medical Day Care

Currently, no one in this population is receiving such services, so reviewing the population, and the services they are receiving, on a continual basis will be necessary to ensure any new providers of this service meet the new HCB setting criteria. On-going quality monitoring will also be necessary. There are no residential or facility based services in this waiver.

WAIVER FOR INDIVIDUALS WITH BRAIN INJURY

BACKGROUND

This waiver provides services to individuals who are currently residing in state psychiatric hospitals, State-owned and operated facilities, chronic hospitals that are accredited for brain injury rehabilitation, or for whom Maryland is paying for services in an out-of-state facility. This waiver serves individuals age 22 to 64, for whom the brain injury must have occurred after the age of 17. Individuals must be diagnosed with a brain injury and need the level of care required to qualify for nursing facility or chronic hospital services.

Services that may be provided include:

1. Case management
2. Day habilitation
3. Individual support services
4. Residential habilitation
5. Supported employment
6. Medical Day Care

INITIAL ASSESSMENTS: STRATEGIES AND FINDINGS

Provider Data

As of November of 2014, when the following data was run, there are 4 provider types for the participants of the Waiver for Individuals with Brain Injury that will need to be more closely looked at. The following information is based on billing data, and providers of the following services will be targeted for further review:

Residential Habilitation

- Level 2
    - 58 participants
- Level 3
    - 17 participants

Day Habilitation

- Level 1
  - 1 participant
- Level 2
  - 55 participants
- Level 3
  - 6 participants

Supported Employment

- Level 3
  - 6 participants

Medical Day Care

Currently, no one in this population is receiving such services, so reviewing the population, and the services they are receiving, on a continual basis will be necessary to ensure any new providers of this service meet the new HCB setting criteria. On-going quality monitoring will also be necessary.
Reference: Appendix 6

Based on this information, further review and heightened scrutiny is needed to assess whether services or settings may have institutional qualities or isolating individuals receiving Medicaid-funded HCBS from the broader community due to multiple provider settings close to each other and settings that serve only those with disabilities or those only with certain diagnoses like Brain Injury.

Self-Assessment Surveys for Residential Services

During July through October of 2014, the DHMH worked with the Hilltop Institute, a non-partisan health research organization with an expertise in Medicaid, to develop and deliver preliminary self-assessment surveys that were specific to participants receiving residential habilitation services and their representatives, providers, and case managers. This process was an initial setting analysis and general in nature across three program populations including the Autism, Community Pathways, and Home and Community-Based Options Waivers. To support participation in the survey, participant specific information such as name and program was not collected. This assessment process does not suggest that any specific program, provider or location is non-compliant solely by classification. Compliance will be determined through further analysis that might include: additional self-assessments for providers and participants, on-site reviews, stakeholder input, and further analysis of programmatic data. Below is a brief summary of the methodology and analysis of the three self-assessments. A full analysis and recommendations were made by the Hilltop Institute that can be found in Appendix 10.

Provider Self-Assessment

- 141 providers completed the provider survey
- Of these, 65 were assisted living providers and 71 were residential habilitation providers.
- Five providers failed to answer these questions.
- Several questions were asked about the physical location of their settings, as well as the type of people served at the settings.

Participant Self-Assessment

- A total of 646 participants responded to the survey.
- Of the 646 participants, 71 indicated they lived in an assisted living unit, 186 indicated they lived in a group home/alternative living unit, 205 indicated it was neither an assisted living unit or a group home/alternative living unit, 6 indicated they did not know, and 178 did not answer the question.

Case Manager Self-Assessment

- 187 case manager responses

Based on the information gathered from the preliminary survey, areas that have been identified for further review include those settings that may be in institutions, settings that may be isolating to participants (multiple provider settings close to each other and settings that serve only those with disabilities), and settings with criteria that had lower affirmative response rates (such as access to food, locking the front door, and lease issues). Further review should include assessment of criteria for settings presumed not to be home and community-based: settings near other settings run by the provider for people with disabilities, an individual's control over their personal resources, community access and involvement, and the ability to file complaints. Additional areas of concern in residential settings are whether the participant signs a lease, has a choice of a private room or a roommate, the degree of privacy available, has flexible access to food, and encounters barriers to any of these elements set forth in the Final Rule.

Waiver Application and Regulations Assessments

Between September and November 2014, the OHS completed a review of the Annotated Code of the Home and Community-Based Waiver application, and State regulations, including COMAR 10.09.46, to determine the current level of compliance with the new federal requirement. In order to crosswalk all of the following documents, Maryland has utilized the "HCBS Worksheet for Assessing Services and Settings," developed by the Association of University Centers on Disabilities (AUCD), National Association of Councils on Developmental Disabilities (NACDD), and the National Disability Rights Network. This has allowed for consistency across programs and documents.

The preliminary review resulted in identification of missing criteria dictated by the Final Rule and language that conflicts or is out of compliance with the rule that will require remediation. See Appendices E, J and L for specific details.

PRELIMINARY FINDINGS RELATED TO THE SERVICE DELIVERY SYSTEM

Through the process described above, the State has determined that the following waiver services comply with the regulatory requirements because they are individualized services provided in the participant's private home or community:

1. Case management - The services provided by a case manager who assists an individual in gaining access to needed medical, social, educational, and other services. This service includes assessment, referral, coordination, and monitoring of the plan of care.

2. Individual Support Services - Assistance provided to an individual to enable participation in the community,

The State has determined that the following waiver services, associated regulations, and processes need further review and remediation to fully comply with the regulatory requirements. The State will work with stakeholders and providers of these services to implement the changes needed to achieve full compliance.

1. Day Habilitation - Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills which takes place in a nonresidential setting, separate from the home or facility in which the individual resides, normally furnished 4 or more hours per day.

The preliminary review resulted in identification of missing criteria dictated by the Final Rule. Of particular importance will be looking further into topics that address community integration.

Current regulations COMAR 10.09.46 does have an area of noncompliance. The settings do not currently ensure freedom from restraint Further review to identify the qualities of the residential service setting will be needed to ensure the rights of participants' are being upheld.

2. Residential Habilitation – Assistance with acquisition, retention, or improvement in skills related to activities of daily living and the social and adaptive skills necessary to enable the individual to live in a non-institutional setting.

ALUs can be licensed to support one to three individuals and GHs can be licensed for up to eight individuals. Special permission is required for any individual living in a home of greater than four individuals. In reviewing these exceptions, the following are considered: 1) the wishes of the individuals living in or proposing to live in the home, 2) the interests of the individuals living in or proposing to live in the home, 3) health and safety, and 4) other exceptional circumstances. Provider data noted above indicated there are several residential provider sites with more than three individuals. These sites will need further review to ensure compliance with the rule.

Residential providers have various sites that are established to meet the individual needs of the resident. Providers shared concerns with the self-assessment survey as it was based on a single site or facility and answers to questions would vary depending if based on specific sites. Further review of each site is needed to identify areas of concerns per site.

Current regulations COMAR 10.09.46 does have an area of noncompliance. The settings do not currently ensure freedom from restraint Further review to identify the qualities of the residential service setting will be needed to ensure the rights of participants' are being upheld.

Residential service providers also use various leases or residency agreement which need further review to determine if these are legally enforceable. Stakeholder input included the suggestion for a standardize lease or agreement

3. Supported Employment – Activities needed to support paid work by individuals receiving waiver services, including supervision and training.

Maryland is a member of the State Employment Leadership Network (SELN), which includes state development disability agencies that share, educate, and provide guidance on communities of practice and policies around employment. Part of this effort includes the use of data to guide daily systems management. Maryland is currently assessing employment outcomes data for 2014, which includes various setting types, such as integrated jobs (i.e. individual competitive job, individual contracted job, group integrated job, and self-employment), facility-based employment, and community-based non-work.

4. Medical Day Care - Medically supervised, health-related services provided in an ambulatory setting to medically handicapped individuals who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living.

Currently, no one in this population is receiving such services, so reviewing the population, and the services they are receiving, on a continual basis will be necessary to ensure any new providers of this service meet the new HCB setting criteria. On-going quality monitoring will also be necessary.

ASSESSMENT STRATEGIES AND FINDINGS

As of 08/5/16, there are 86 enrolled participants and 5 providers in the BI waiver.

Maryland is committed to coming into full compliance with the HCBS rule in advance of the deadline. The following are strategies utilized to come into full compliance with the Home and Community-Based Settings rule:

- Transition Advisory Teams was created in 2015 and the stakeholder process is ongoing, with meetings on or about a monthly basis.
- Maryland law and all regulations related to the Brain Injury Waiver program were reviewed. DHMH has determined that nothing in current law or regulations conflicts with the HCBS rule. However, there are some areas of the HCBS rule that are not addressed by current regulations. DHMH will update the regulations accordingly within the next two years.
- DHMH is in the process of doing a systemic assessment of all providers of facility based or residential services.

<u>Provider Survey</u>

Non-Residential Provider Self-Assessment

DHMH implemented the DDA Non-Residential Provider Self-Assessment in April 2016. Compliance with the provider survey will be ensured by suspending the provider number of non responding providers.

Residential Provider Self-Assessment

DHMH implemented the DDA Residential Provider Self-Assessment in June 2016. Compliance with the provider survey will be ensured by suspending the provider number of non responding providers.

DHMH and Hilltop Institute will be analyzing the data from the provider survey to determine compliance with all components of the rule. DHMH conducted a mass mail merge to providers who indicated non-compliance on certain questions from the provider survey. The letter is individualized to each provider, and contains question(s) deemed non-compliance as well as corresponding explanations. Any provider who felt that they misunderstood the question(s) or that DHMH misunderstood their response(s) may submit a request for reconsideration within 10 days. Providers who did not submit a request for reconsideration are expected to submit a Corrective Action Plan (CAP). See Appendix 11 for sample letter and instructions for CAP.

Technical assistance from Medicaid staff is available to providers if they have difficulty addressing any of the HCBS requirements.

INTENSIVE BEHAVIORAL HEALTH SERVICES FOR CHILDREN, YOUTH, & FAMILIES
1915(i)

BACKGROUND

The 1915(i) provides community-based treatment to children and youth with serious emotional disturbance (SED) and their families through a wraparound service delivery model. Each participant's Child and Family Team develops an individualized plan of care, which is implemented in partnership with a Care Coordination Organization through the Targeted Case Management (TCM) program. Eligible participants must enroll before age 18. Participants may receive services through 21 years of age.

Services that may be provided are:

1. Customized Goods & Services
2. Expressive and Experiential Therapy
3. Family Peer Support Services
4. Mobile Crisis Response Services
5. Intensive In-Home Services
6. Respite Services

INITIAL ASSESSMEN STRATEGIES AND FINDINGS

Over the past several years, Maryland has operated a special CMS demonstration project known locally as the Residential Treatment Center (RTC) Waiver. This time-limited demonstration project used a special authority granted by the federal government under Section 1915(c) of the Social Security Act to provide home and community-based services for children and youth with emotional disturbances and their families. The demonstration project has now effectively reached its statutory end.

In order to sustain and refine the approach undertaken in the initial CMS Demonstration Project, Maryland has created a 1915(i) State Plan Amendment (SPA) to serve a similar, but not identical, population of youth and families as prescribed by the federal government.

PRELIMINARY FINDINGS RELATED TO THE SERVICE DELIVERY SYSTEM

Through the preliminary assessment process, the State has determined that the following 1915 (i) services comply with the regulatory requirements because they are individualized services provided in the participant's private home or community:

1. Customized Goods & Services: Participant-directed expenditures that support a participant's plan of care, selected in partnership with the care coordination organization.
2. Expressive and Experiential Therapy: Includes the use of art, dance, music, equine, horticulture, or drama to accomplish individualized goals as part of the plan of care
3. Family Peer Support Services: Helping and empowering the family with the participant's services.
4. Mobile Crisis Response Services: Offered in response to urgent mental health needs, and are available 24 hours per day and 7 days a week. They are short-term individualized services that assist in de-escalating crises and stabilizing children and youth in their homes and community setting.
5. Intensive In-Home Services: Strength-based interventions with the child or youth and his or her identified family that includes a series of components

The State also recognizes that respite care has been an approved service in many federal applications in a variety of community and institutional locations. Respite care is defined as including both community-based respite services, provided in the home or community-based setting and out-of-home respite services, which provide a temporary overnight living arrangement outside of the participant's home. The service will remain in the 1915(i) and will be provided in the home or community-based alternative living settings. Based on guidance received from CMS, the State believes that because respite services are allowable in facilities that do not meet the HCB setting criteria that these settings will not need further review.

SECTION 2: PROPOSED REMEDIATION STRATEGIES

As part of CMS regulations, Maryland must develop a plan to remediate or correct, through various means, any areas of non-compliance with HCB setting rules. Maryland has developed the following remediation strategies including descriptions, timelines, milestones, and group responsible for monitoring. Some strategies may require legislative changes, budgetary actions, and/or federal amendments.

Legislative and budgetary actions are considered by the Maryland General Assembly annually from January through April. The following information is noted on the Maryland General Assembly website at http://msa.maryland.gov/msa/mdmanual/07leg/html/proc.html

Bills

The State Constitution mandates that legislative bills be limited to one subject clearly described by the title of the bill and be drafted in the style and form of the *Annotated Code* (Const., Art. III, sec. 29). The one-subject limitation and the title requirement are safeguards against fraudulent legislation and allow legislators and constituents to monitor a bill's progress more easily.

Ideas for bills (proposed laws) come from many sources: constituents, the Governor, government agencies, legislative committees, study commissions, special interest groups, lobbyists and professional associations, for example. Each bill, however, must be sponsored by a legislator.

At the request of legislators, bills are drafted to meet constitutional standards by the Department of Legislative Services until July (the Department starts to receive drafting requests in mid-April, shortly after the legislative session ends). In the interim between sessions, legislators meet in committees, task forces, and other groups to study and formulate bill proposals.

Budget Bill

In Maryland, the Constitution provides for an annual budget bill. Each year, the Governor presents a bill to the General Assembly containing the budget for State government for the next fiscal year. In Maryland, the fiscal year begins July 1 and ends June 30. The General Assembly may reduce the Governor's budget proposals, but it may not increase them. The budget, however, whether it is supplemented or amended, must be balanced; total estimated revenues always must be equal to or exceed total appropriations (Const., Art. III, sec. 52 (5a)).

If the General Assembly has not acted upon the budget bill seven days before the expiration of a regular legislative session, the Governor by proclamation may extend the session for action to be taken on the bill. After both houses pass the budget bill, it becomes law without further action (Const., Art. III, sec. 52). The Governor may not veto the budget bill.

Maryland Regulation Process

Maryland has specific requirements for the adoption of regulation including utilizing an emergency or standard process. The length of time to complete these processes varies depending on time for development and stakeholder input, submission date, and public comments. At a minimum, it is a process that will take 94 days, after initial developments and submission from the State agency. The full text of each proposed regulation must be published in the Maryland Register**.** The process includes the following: Attorney General's Review; Administrative, Executive, and Legislative Review (AELR) Committee preliminary review; Maryland Registry review and publication; 30-day comment and review period; and regulations promulgation.

Federal Amendments

Amendments or changes to Medicaid Waivers or State Plan programs require stakeholder input and public notices prior to submission to CMS. Once submitted, CMS has up to 90 days to review the request and may request additional information or ask questions which can impact the timeframe.

MARYLAND'S TRANSITION REMEDIATION STRATEGIES

It is important to note that the intent of the transition plan and remediation strategies is not to close or terminate providers but instead, to work with participants, providers and other stakeholders to come into compliance with the CMS Final Rule and the vision of ensuring individuals are fully integrated into the community, afforded choice, and have their health and safety needs met. The table below outlines the strategies that Maryland has developed to both further assess compliance and to then address areas of non-compliance.

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
Maryland Law (Revisions to the Developmental Disabilities Statute - Health General Article)	Maryland will propose legislation changes in order to revise the Developmental Disabilities statute (law) to comply with the new HCB setting rule.	Maryland to complete crosswalk the developmental disabilities statute (law) with the HCB rule requirements. Stakeholder input on preliminary findings. Legal Review of preliminary findings. Develop legislative bill Submit for Legislative process	12/2014 05/2015 06/2015 07/2017 10/2017	Legislation	DDA Quality Advisory Committee

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
Regulations	Maryland will review and revise all applicable program regulations to meet the new HCB setting rule.	Maryland to complete crosswalk of program regulations. Legal Review of preliminary findings. Develop regulation revisions to comply and allow for enforcement of HCB rule. Stakeholder process and public notice to amend regulations. (CP, HCBOW, Med Day) Develop regulation revisions to comply and allow for enforcement of HCB rule. (Remaining regulations) Stakeholder process and public notice to amend regulations. (Remaining regulations)	12/2014 06/2015 12/2016 06/2017 08/2017 01/2018	Adopted Regulations	Office of Health Services and established stakeholder transition teams DDA Quality Advisory Committee

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
Transition Advisory Teams	Creation of transition teams specific to the unique program service delivery system and/or service provider for ongoing stakeholder guidance, input, and monitoring of transition plan remediation. Teams will include program participants, family members, self-advocates and representation from other stakeholders.	Establishment of the transition teams including, but not limited to, the following: 1. DDA Transition Team (includes Community Pathways and Brain Injury Waivers) 2. Medicaid Transition Team (includes Community Options, Autism, Medical Day, and Model Waivers)	04/2015	Transition Teams	Office of Health Services and established stakeholder transition teams
Community Pathways Waiver Review	To further assess and enhance the DDA services delivery system, the DDA has procured independent consultants to review the Community Pathways Waiver for compliance with the Final Rule.	Independent consultants review of the Community Pathways Waiver	04/2015	Consultant Report	DDA Quality Advisory Council
Maryland's Community Supports Standards	Communicate Maryland's HCB setting vision, expectations, and standards in compliance with the CMS rule to all stakeholders.	DHMH to issue formal statement regarding HCB setting vision, expectations, and standards in compliance with the CMS rule.	04/2015	Department Transmittal Group Home Moratorium Group Home Moratorium Clarification	Office of Health Services and established stakeholder transition teams

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
Lease or Other Legally Enforceable Agreement *Assisted Living *Residential Habilitation	Service providers use different leases or residency agreements for the service they provide. Maryland will request a representative sample of leases or residency agreement to assess for compliance with the Final Rule.	Collect and assess provider lease or residency agreement to determine if they are legally enforceable and comply with Final Rule. Explore standard lease or agreement for specific service delivery system and regulation changes. Work with the stakeholders and the Maryland Disability Law Center and Legal Aid to explore local county requirements and propose recommendations to construct a model lease/ residential agreement to be reviewed by the public and implemented across the similar programs. Communicate standards with participants and providers. Providers come into compliance with lease agreement/ residential agreement requirements. Maryland assesses ongoing compliance by reviewing all leases and residency agreements of all new	05/2015 06/2015 10/2016 12/2017 12/2018 Ongoing	Lease and Residency Agreements Summary	Office of Health Services and established stakeholder transition teams

		providers and a randomly selected, statistically significant sample of existing providers annually, and all residential agreements during the revalidation process.			

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
Initial Participant and Provider Surveys	Based on the results of the preliminary surveys which grouped programs together, Maryland will work with program transition teams to develop waiver (program) specific comprehensive surveys that will provide data to further assess compliance with the Final Rule. Due to the unique individual needs and provider sites, a survey is to be completed for each licensed site.	Develop waiver program specific participant, provider, and site assessments survey techniques and alternative methodologies to determine provider compliance with the HCB setting rule including identifying supports for participants in completing the surveys.	06/2015	Survey Report	Office of Health Services and established stakeholder transition teams
Provider Transition Symposium	Maryland, in partnership with stakeholders, will conduct a symposium to share communities of practice and transition strategies from Maryland service providers and national entities.	Provide technical assistance for providers to transition current service delivery system to comply with new HCB setting rule.	06/2015	Provider Transition Symposium	Office of Health Services and established stakeholder transition teams

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
Waiver Amendments	Based on assessment of waiver programs, independent consultant findings, and stakeholder input, amend waiver programs to comply with the Final Rule. To provide time for development of new service models, business processes, rates and stakeholder input, program changes may occur in stages with additional amendments submitted at later dates.	Submit Waiver Amendment to CMS ➢ Community Pathways Waiver ➢ Home and Community-Based Options Waiver ➢ Medical Day Care Waiver ➢ Brain Injury Waiver ➢ Autism Waiver	 07/2016 07/2016 07/2016 07/2016 07/2018	Waiver Amendments Amendment #1	Office of Health Services and established stakeholder transition teams
Pilot Waiver specific survey (i.e. Autism, Community Pathways, Brain Injury, etc.)	Prior to implementation of a waiver program specific survey, Maryland will administer the program specific surveys using a pilot group in order to assess the validity and reliability of the survey.	Pilot program surveys for participants and providers.	12/2015	Pilot Survey Summary	Office of Health Services and established stakeholder transition teams
Provider Enrollment and Provider Training	Review and revise, as needed, the program provider enrollment and recertification processes. Provide training to new and existing providers to educate them on the new HCB setting requirements, provider transition plans, and State actions for non-compliance.	Review and revise provider enrollment and provide training as applicable.	01/2016 03/2016	Revised Provider Enrollment Process Provider Trainings	Office of Health Services and established stakeholder transition teams

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
Participant and Provider Surveys Service Settings including: *Assisted Living *Community Learning Services *Community Supported Living Arrangement *Day Habilitation *Medical Day Care *Residential Habilitation *Supported Employment	Once the pilot surveys have been validated, Maryland, with the advice from program transition teams, will implement system wide surveys for participants and providers. The Hilltop Institute will analyze the data and provide a report on the survey results for each waiver program. The results will be shared with stakeholders throughout the systems.	Conduct waiver program specific participant and provider surveys to determine compliance with the Final Rule. Provider (already completed for some programs) Participant (already completed for some programs) Maryland intends to suspend provider numbers of the providers who fail to complete the survey after two requests. Providers will be informed of this in the introduction letter and through transmittals to providers. Telling the provider that the State will assume that they are not in compliance if they do not respond, and make a plan for relocation.	09/2016 12/2017 Ongoing	Survey Results Summary	Office of Health Services and established stakeholder transition teams

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
DDA Rate Study	As per legislation recently passed, Chapter 648 of the Acts of 2014, the DDA shall procure a contractor to conduct an independent cost-driven rate setting study, develop a strategy for assessing the needs of individuals receiving services, develop a sound fiscal billing and payment system, and obtain input from stakeholders including individuals receiving services and providers. The analysis must adhere to all "Relevant Regulations Regarding DDA Rates" as well as with the CMS Final Rule, and should seek to maximize federal match during and post implementation.	Conduct rate study of DDA services and payment system to define the rates and provide a fiscal impact analysis. Note: During the initial 18 month performance period, the contractor will define the rates and provide a fiscal impact analysis. There are two one-year options if implementation support is required.	01/2017	Rate Study Report	DDA Quality Advisory Committee
DDA Tiered Standards	Develop new models of services and standards that more fully meet HCBS standards and Maryland's vision.	Create leadership group including individuals, family members, services providers, and advocacy organizations to discuss tiered standards for the Community Pathways waiver. Recommendation to be submitted to DDA.	12/2016	Report	DDA
Program Policies, Procedures Service Plans, and Forms	Review and revise all applicable internal and external program policies, procedures, plans, and forms including settings questionnaires to meet the HCB rule.	Revise program policies, procedures, plans, and forms.	01/2017	Revised forms and service plans	Office of Health Services and established stakeholder transition teams

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
On-Site Specific Assessments	Based on the results of the preliminary settings inventory, statewide program specific surveys, and stakeholder recommendations, Maryland will identify specific provider sites that will need further review prior to completion of the comprehensive setting results document.	Validation of compliance of the specific sites based on CMS guidance as to what is and is not a community setting and criteria related to settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. Maryland will do site visits to a randomly selected, statistically significant sample of providers of all types. Maryland will also do a participant survey using the community settings questionnaire and complete site visits to all sites where there is a discrepancy between the provider self report and participant survey.	12/2017 Ongoing	Site Specific Assessments Summary	Office of Health Services and established stakeholder transition teams
Heighten Scrutiny	Maryland will identify settings that may appear to have qualities of an institution or appear to be isolating individuals from the community but have been determined to meet the community settings requirements.	Preliminary list to CMS A review supporting documentation to justify meeting community settings requirements. Interviews with service recipients. Conduct on-site visit and	3/2018	CMS Approval Decision	Office of Health Services

		assessment of physical location and practices. State determination. Collection of evidence to submit to CMS to demonstrate compliance Submit to CMS			
Comprehensive Settings Results Report	Maryland will develop a comprehensive setting results document, which identifies program-specific level of compliance with HCB setting standards. This document will be disseminated to stakeholders throughout the system.	Comprehensive settings results report will be shared with stakeholders to begin the process of systemic and provider transitions for compliance.	12/2017	Comprehensive Settings Result Report	Office of Health Services and established stakeholder transition teams

Topic	Description	Remediation Strategy	Timeline for Completion
Participant Transitions	When providers are dis-enrolled, participants will be assisted by their person-centered team in exploring new provider options. When a participant must relocate, the State, or its designated agent, will provide: 1. Reasonable notice to the individual and due process; 2. A description of the timeline for the relocation process; and 3. Alternate setting that aligns, or will align, with the regulation, and that critical services/supports are in place in advance of the individual's transition. The State will report the number of participants impacted.	Develop description of the Maryland's process to assure that participants, through the person-centered planning process, are given the opportunity, the information, and the supports to make an informed choice for relocation.	01/2019
Ongoing Compliance and Monitoring	Quality reviews and verification of ongoing provider compliance with the Final Rule will be assessed by the program administering agency and its agents such as the Office of Health Care Quality. Maryland to explore common assessment indicators such as settings questionnaire, NCI, and existing experience survey.	Review quality indicators/tools being used in waiver programs currently. Look to standardize quality measures across programs. Assess ongoing compliance with Final Rule by providing technical assistance as needed, and take appropriate action to remediate, sanction, or dis-enroll. Ensuring 100% compliance providers will be assessed annually with the completion of the community settings questionnaire. In addition to the community settings questionnaire the State will also complete site visits to a randomly selected,	06/2017 06/2018 Ongoing Ongoing

		statistically significant sample of providers of all types. In all settings that there is a discrepancy between the provider self report and the participant survey a site visit will also be completed.	Ongoing

Topic	Description	Remediation Strategy	Timeline for Completion	Milestone	Monitoring
Provider Transition Plans	Maryland's program administering agencies will provide technical assistance for providers whom have been identified as non-compliant with the rule. Stakeholder transition teams will provide guidance on remediation processes and format of provider transition plans. Providers interested in continuing to providing services shall develop transition plans to comply with the Final Rule. Plans will be reviewed and monitored for implementation by the applicable program's administering agency	Maryland to develop and provide training for providers on requirements of transition plans. (Completed for some programs) Providers to develop transition plans to come into compliance with Final Rule. (In process of completion for some programs) Program administering agencies to provide technical assistance, approve or deny plan, and monitor implementation (as applicable).	07/2017 12/2017 3/2018	Provider Training Provider Transition Plans	Program Administering State Agencies
Provider Sanctions and Disenrollment	In the event a provider either choose not to transition or has gone through remediation activities and continues to demonstrate noncompliance with HCB setting requirements, the State will develop a specific process for issuing provider sanctions and dis-enrollments.	Maryland will dis-enroll or sanction providers that fail to meet remediation standards and HCB setting requirements. (This process has already begun for providers who fail to respond to assessments or indicate they choose not to comply)	03/2019	Sanction and Dis-enrollment Summary	Program Administering State Agencies

SECTION 3: Public Input and Comment

Maryland is committed to sharing information and seeking public input into the State's assessment for compliance with the Final Rule and the development and implementation of this transition plan. In October 2014, the OHS and DDA established dedicated webpages related to the rule. The webpages have links to both internal and external sites including the CMS website and the Association of University Centers on Disabilities (AUCD) HCBS Advocacy site. The website includes the initial self-assessment surveys, printable versions and links to the online survey, lists of questions and responses from all regional and webinar presentations, and contact information, both a phone number and devoted email address for questions.

The site is located at: https://mmcp.dhmh.maryland.gov/waiverprograms/pages/Community-Settings-Final-Rule.aspx

During the month of October 2014, Maryland conducted regional public information and education meetings and a webinar to share general information about the Final Rule and assessment strategies. Approximately 400 individuals attended, including program participants, family members, case managers, service providers, and various advocacy organizations. The presentation was shared at both a 3:00 p.m. and 7:00 p.m. session to accommodate individual and family schedules. The meetings occurred as follows: October 6th for Southern Region; October 7th for Western Region; October 14th for Eastern Region; and October 15th for Central Region. In addition, the same presentation was used for a webinar that was conducted on October 21st.

Maryland conducted another set of regional public information meetings and a webinar in January 2015. The purpose of these meetings was to gain input from stakeholders regarding the draft transition plan and proposed remediation strategies. Approximately 400 individuals attended, including program participants, family members, case managers, service providers, and various advocacy organizations. The presentation times and formats were similar to the October 2014 meetings and occurred as follows: January 7th for Eastern Region; January 12th for Central Region; January 13th for Southern Region; and January 15th for Western Region. In addition, the same presentation was used for a webinar that was conducted on January 9th.

Both the October and January presentations, public comments, and responses have been posted on the OHS website listed above. The public comments summary is attached to this document as Appendix R.

The State posted the draft transition plan to the website on December 21, 2014, with a comment period lasting through February 15th, 2015. Maryland received approximately 20 sets of comments and questions from stakeholders including: participants, family members, self-advocates, advocacy organizations, legal entities, and provider networks. A summary of all comments, with responses, has been posted to the OHS website, along with an updated version of the transition plan reflecting modification made based on stakeholder feedback. Careful attention was given to those comments that pertain specifically to the transition plan itself. Any other questions or comments that go into more detail about the process will serve to guide the State as we implement each remediation strategy.

The Department has also conducted various program specific stakeholder meetings including the following:

- October 7th 2014- Balancing Incentive Plan/Money Follows the Person (BIP/MFP)
- October 20th 2014- Autism Service Coordinators
- October 21st 2014- Medical Day Care Waiver Advisory Meeting
- October 23rd 2014- Maryland Medicaid Advisory Committee (MMAC)
- October 24th 2014- Local Health Department Presentation
- October 29th 2014- Autism Provider Focus Group
- November 5th 2014- People on the Go (self-advocacy group)
- November 6th 2014- MACS workgroup
- November 10th 2014– The ARC of Howard County – People Power
- November 12th 2014- MACS Annual Conference Closing Plenary
- December 6th 2014- People on the Go Statewide Meeting
- February 4th 2015– Maryland Works

In addition to meeting with specific program administering agencies, the OHS has also held several internal and cross departmental meetings including the following:

- August 13th 2014– Department of Health (OHS, DDA, and BHA), Maryland Department of Aging; Maryland Department of Disabilities, and Maryland State Department of Education
- October 9th 2014- Maryland State Department of Education
- November 19th 2014- Department of Health (OHS, DDA, and BHA), Maryland Department of Aging; Maryland Department of Disabilities, and Maryland State Department of Education
- February 9th 2015– Employment First Meeting – Department of Health (OHS, DDA, Planning), Maryland Department of Disabilities, Office of Disability Employment Policy
- February 24th 2015– Medical Day Care Waiver Advisory Council Meeting

Recent Outreach includes but is not limited to the following meetings:

- Transition Advisory Team Meeting Wednesday, May 27, 2015
- DDA Transition Advisory Team Monday, June 1, 2015
- DDA Transition Team Meeting Tuesday, June 23 2015
- Transition Advisory Team meeting on Tuesday, June 23 2015
- HCBS Stakeholder Meeting Tues, Aug 25, 2015
- DDA Transition Team Meeting Monday, September 14, 2015
- Transition Advisory Team Meeting September 25, 2015

- DDA Transition Team Meeting Tuesday, October 20, 2015
- DDA Transition Team Meeting Thursday, December 17, 2015
- Transition Advisory Team Meeting - Friday December 18, 2015
- HCBS Transition Team Meeting January 11, 2016
- DDA Transition Team Meeting January 25, 2016
- HCBS Stakeholder Mtg. Thursday, March 3, 2016
- DDA Transition Team March 3rd 2016
- DDA Transition Team Meeting Fri Apr 8, 2016
- Stakeholder Meeting, Tuesday April 12, 2016
- DDA Transition Team Meeting Thursday, June 2, 2016
- HCBS stakeholder meeting June 9, 2016
- OHS HCBS transition staff participated in Ombudsman Stakeholder group meetings at MDoA
- Stakeholder groups for CO and MDC are updated on HCBS implementation and staff dedicated to HCBS settings attend

Upcoming/Past DDA Stakeholder/ Public Outreach Meetings

- Eastern Shore: February 3, 2016
- Central Region: February 16, 2016
- Western Maryland: February 29, 2016
- Central Region: September 26, 2016
- Southern Region: September 12, 2016
- Western Region: September 19, 2016
- Eastern Shore: October 3, 2016

Provider Meetings:

- DDA has ongoing "Tiered Standards" meetings; OHS staff were also present on August 16 2016
- Webinars & In person meetings with Residential Habilitation and Therapeutic Integration providers for the Autism Waiver on August 2, 2016 (separate meetings based on provider type)
- MDC provider meetings on June 21st 2016 and July 1st 2016

It is the intention of the Maryland to assist each participant with understanding the full benefit of the HCB setting rule and to assist each provider in reaching full compliance. Continued stakeholder input will be emphasized in this process to guide Maryland in the remediation and transition processes. Participant and representative input concerning the provision of their current services and freedom of choice will be

crucial to implement systems change. It will also be imperative to continue to analyze and monitor the provision of services through participant surveys, State agents, and providers. Maryland's plan includes HCBS program specific transition teams to provide guidance on the unique populations and service delivery systems. Our focus is to ensure that individuals receive Medicaid HCBS in settings that are integrated and that support full access to the greater community and to provide technical assistance to aid in providers coming into compliance. Maryland relies on the various provider service delivery networks to serve the people in our programs.

The Updated STP was posted on DHMH's website along with stakeholder group meeting materials and provider self-assessment results. Updates are posted to the website as they occur. Notice was published twice in the Maryland Register in July 2016. Stakeholder groups for CO, CFC, DDA, Autism, TBI and MDC will be emailed the full updated STP in September 2016. The updated STP will be shared on DHMH and DDA's Twitter and Facebook accounts in September 2016, and DHMH will continue to accept comments from the public.

Appendices

Appendix 1

Autism Waiver Recipients and Providers by Waiver Service FY14		
Service	**Recipients**	**Providers**
Intensive Individual Support Day Habilitation	962	40
Intensive Family Leave	13	4
Therapeutic Integration Day Habilitation	451	21
Adult Life Planning	105	9
Respite Care	844	41
Family Consultation	833	38
Environmental Accessibility Adaptations	66	4
Intensive Residential Habilitation	34	5
Reference: Based on FY14 billing data from MMIS through November 30, 2014		

UPDATED

Autism Waiver Recipients and Providers by Waiver Service FY14*

Service	Recipients
Intensive Individual Support Day Habilitation	962
Intensive Family Leave	13
Therapeutic Integration Day Habilitation	451
Adult Life Planning	105
Respite Care	844
Family Consultation	839
Environmental Accessibility Adaptations	66
Intensive Residential Habilitation	34

*Reference: Based on FY14 billing data from MMIS through the end of the fiscal year. Provider information is unknown

Appendix 2

Home and Community-Based Options Waiver Recipients and Providers by Waiver Service FY14		
Service	**Recipients**	**Providers**
Medical Day Care	1218	93
Case Management – Ongoing	4318	24
Dietitian/Nutritionist	5	1
Respite Assisted Living	2	2
Assisted Living	1509	452
Senior Center Plus	30	7
Behavior Consultation	86	5
Reference: Based on FY14 billing data from MMIS through November 30, 2014		

UPDATED **Home and Community-Based Options Waiver Recipients and Providers by Waiver Service FY14***	
Service	**Recipients**
Medical Day Care	1306
Case Management – Ongoing	4634
Dietitian/Nutritionist	5
Respite Assisted Living	17
Assisted Living	1509
Senior Center Plus	34
Behavior Consultation	100
*Reference: Based on FY14 billing data from MMIS through entire fiscal year. Provider information is unknown	

Appendix 3

Community Pathway Waiver Recipients and Providers by Waiver Service FY14*		
Service	**Recipients**	**Providers**
Day Habilitation	7457	91
Residential Habilitation	5866	119
Supported Employment Services	4395	93
Residential Habilitation II	2772	104
Community Supported Living Arrangement I	2402	101
IBMP-Behavioral Consultation	1195	4
Family And Individual Support Services	885	74
Medical Day Care	687	71
Behavioral Support	364	4
Supports Broker	219	2
Individual Family Care	204	17
Community Supported Living Arrangement II	71	2
Respite Care Service	48	3

Community Learning Services	45	2
Community Access Transportation	44	2
Assistive Technology and Adaptive Equipment	37	3
Behavioral Support-Behavioral Respite	21	4
Behavioral Support-Staff Augmentation**	11	2
Environmental Modification	10	7
Transition Services	4	3
Community Supported Living I Retainer Fees	2	1
Community Supported Living II Retainer Fees	2	1
Employment Discovery Customization	2	1
Non-Related Caregiver Monthly Rent	1	1

Reference: Based on FY14 billing data from MMIS through November 30, 2014

* Community Pathways waiver services became effective March 6, 2014, previously waiver participants may have been served on the New Directions Waiver.

UPDATED
Community Pathway Waiver Recipients and Providers by Waiver Service FY14*

Service	Recipients
Day Habilitation	7481
Residential Habilitation	8632
Supported Employment Services	4455
Community Supported Living Arrangement I	2504
Family And Individual Support Services	926
Medical Day Care	684
Supports Broker	233
Respite Care Service	72
Shared Living	206
Community Learning Services	51
Community Access Transportation	253
Assistive Technology and Adaptive Equipment	53
Environmental Modification	22
Transition Services	107

Employment Discovery Customization	2
Non-Related Caregiver Monthly Rent	1
Reference: Based on FY14 billing data from MMIS through the end of the fiscal year. Provider information is not available * Community Pathways waiver services became effective March 6, 2014, previously waiver participants may have been served on the New Directions Waiver.	

Appendix 4

UPDATED **Medical Day Care Waiver Recipients and Providers by Waiver Service FY14**		
Service	**Recipients**	**Providers**
Medical Day Care	**4892**	**117**
Reference: Based on FY14 billing data from MMIS for entire fiscal year		

Appendix 5

Model Waiver for Medically Fragile Children Recipients and Providers by Waiver Service FY14		
Service	**Recipients**	**Providers**

Case Management Team Conference	**64**	**52**
Nurse Assessment Evaluation	**12**	**5**
RN Services Up To 15 Minutes	**17**	**9**
LPN Services Up To 15 Minutes	**180**	**28**
HHA Services Up To 15 Minutes	**4**	**4**
Second & Any Subsequent Month Model Waiver Administration	**215**	**1**
Reference: Based on FY14 billing data from MMIS for entire fiscal year. No updated information available.		

Appendix 6

Traumatic Brain Injury Recipients and Providers by Waiver Service FY14		
Service	**Recipients**	**Providers**
TBI Residential Habilitation: Level 2	**50**	**5**
TBI Residential Habilitation: Level 3	**15**	**3**
TBI Day Habilitation: Level 1	**1**	**1**
TBI Day Habilitation: Level 2	**48**	**5**
TBI Day Habilitation: Level 3	**18**	**5**

TBI Supported Employment: Level 3	**7**	**2**
TBI Individual Support Services	**3**	**2**
Reference: Based on FY14 billing data from MMIS for entire fiscal year.		

UPDATED **Traumatic Brain Injury Recipients and Providers by Waiver Service FY14***	
Service	**Recipients**
TBI Residential Habilitation: Level 2	**58**
TBI Residential Habilitation: Level 3	**17**
TBI Day Habilitation: Level 1	**1**
TBI Day Habilitation: Level 2	**55**
TBI Day Habilitation: Level 3	**22**
TBI Supported Employment: Level 3	**6**
TBI Individual Support Services	**3**
* FY 14 data from MMIS for entire fiscal year. Provider information unknown	

Appendix 7

Developmental Disabilities Administration
Shared Living (Formerly Individual Family Care) Summary

Provider	Total # of People Supported	# of Homes with 1 Person	# of Homes with 2 People	# of Homes with 3 People
Apex Network Consolidated, Inc.	**1**	1	N/A	N/A
ARC of Carroll County, Inc.	**6**	2	2	N/A
CBAI	**2**	2	N/A	N/A
Center for Progressive Learning	**132**	79	22	3
Change	**5**	3	1	N/A
Chimes	**13**	11	1	N/A
Fidelity Resources	**9**	9	N/A	N/A
Kennedy Krieger Institute	**13**	8	1	1
Kent Center	**1**	1	N/A	N/A
Living Hope, Inc.	**1**	1	N/A	N/A
Mentor MD, Inc.	**1**	1	N/A	N/A
Spectrum Support, Inc.	**6**	6	N/A	N/A
Starflight	**4**	2	1	N/A
The ARC of Central Chesapeake Region, Inc.	**2**	2	N/A	N/A
The ARC of Baltimore	**5**	5	N/A	N/A
United Needs	**4**	4	N/A	N/A
Worcester County Developmental Center	**1**	1	N/A	N/A
Total	**206**	**138**	**28**	**4**
Reference: DDA PCIS2 data report 10/16/14				

Appendix 8 – DDA Residential Provider Summary

PROVIDER_NAME	SERVICE	# of Sites with 1 Person	# of Sites with 2 People	# of Sites with 3 People	# of Sites with 4 People	# of Sites with 5 People	# of Sites with 6 People	# of Sites with 7 People	# of Sites with 8 People	Grand Total
A.C.C./F.X. GALLAGHER	**PS**	**1**								**1**
	RES - ALU	**3**	**5**	**1**	**1**					**10**
	RES - GH	**1**	**2**	**6**	**19**		**2**	**4**	**11**	**45**
A.C.C./F.X. GALLAGHER Total		**5**	**7**	**7**	**20**		**2**	**4**	**11**	**56**
ABILITIES NETWORK	**PS**	**147**	**3**							**150**
ABILITIES NETWORK Total		**147**	**3**							**150**
ALLIANCE	**PS**	**16**	**1**							**17**
ALLIANCE Total		**16**	**1**							**17**
APEX NETWORK CONSOLIDATED, INC.	**PS**	**1**								**1**
APEX NETWORK CONSOLIDATED, INC. Total		**1**								**1**
APPALACHIAN PARENT ASSN	**PS**	**19**	**1**							**20**
	RES - ALU		**2**	**4**						**6**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - GH					**1**	**1**			**2**
APPALACHIAN PARENT ASSN Total		**19**	**3**	**4**		**1**	**1**			**28**
ARC OF CARROLL COUNTY INC	**PS**	**49**	**1**							**50**
	RES - ALU	**2**	**1**	**6**						**9**
	RES - GH				**1**					**1**
ARC OF CARROLL COUNTY INC Total		**51**	**2**	**6**	**1**					**60**
ARC OF MONTGOMERY COUNTY INC	**PS**	**71**	**5**							**76**
	RES - ALU	**5**	**8**	**8**						**21**
	RES - GH	**1**	**1**	**2**	**7**	**8**				**19**
ARC OF MONTGOMERY COUNTY INC Total		**77**	**14**	**10**	**7**	**8**				**116**
ARC OF NORTHERN CHESAPEAKE	**PS**	**52**	**1**							**53**
	RES - ALU		**1**	**12**	**1**					**14**
	RES - GH			**2**	**6**		**1**			**9**
ARC OF NORTHERN CHESAPEAKE Total		**52**	**2**	**14**	**7**		**1**			**76**

Appendix 8 – DDA Residential Provider Summary Continued										
ARC OF PRINCE GEORGES CO INC	**PS**	**62**	**2**							**64**
	RES - ALU	**1**	**4**	**16**						**21**
	RES - GH				**22**	**4**	**1**			**27**
ARC OF PRINCE GEORGES CO INC Total		**63**	**6**	**16**	**22**	**4**	**1**			**112**
ARC OF SOUTHERN MARYLAND INC	**PS**	**62**	**3**							**65**
	RES - ALU	**5**		**3**						**8**
	RES - GH		**1**	**3**	**13**	**2**				**19**
ARC OF SOUTHERN MARYLAND INC Total		**67**	**4**	**6**	**13**	**2**				**92**
ARC/WASHINGTON CO.	**PS**	**86**	**9**	**3**						**98**
	RES - ALU	**7**	**2**	**20**						**29**
	RES - GH			**8**	**8**			**2**	**2**	**20**
ARC/WASHINGTON CO. Total		**93**	**11**	**31**	**8**			**2**	**2**	**147**
ARCHWAY STATION	**RES - ALU**	**1**	**6**							**7**
ARCHWAY STATION Total		**1**	**6**							**7**

Appendix 8 – DDA Residential Provider Summary Continued										
ARDMORE ENTERPRISES	**PS**	**5**								**5**
	RES - ALU			**1**						**1**
	RES - GH	**1**			**9**	**1**	**1**			**12**
ARDMORE ENTERPRISES Total		**6**		**1**	**9**	**1**	**1**			**18**
ATHELAS INSTITUTE	**PS**	**18**	**1**							**19**
	RES - ALU			**2**						**2**
	RES - GH	**1**		**5**	**6**	**2**			**1**	**15**
ATHELAS INSTITUTE Total		**19**	**1**	**7**	**6**	**2**			**1**	**36**
BAY COMMUNITY SUPPORT SERVICES, INC.	**PS**	**32**	**1**	**1**						**34**
	RES - GH				**5**	**4**	**1**			**10**
BAY COMMUNITY SUPPORT SERVICES, INC. Total		**32**	**1**	**1**	**5**	**4**	**1**			**44**
BAY SHORE SERVICES, INC.	**PS**	**28**								**28**
	RES - ALU		**7**	**5**						**12**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - GH	**1**	**1**							**2**
BAY SHORE SERVICES, INC. Total		**29**	**8**	**5**						**42**
BAYSIDE COMMUNITY NETWORK	**PS**	**20**	**3**							**23**
	RES - ALU			**5**						**5**
	RES - GH		**1**		**4**	**2**	**1**	**1**		**9**
BAYSIDE COMMUNITY NETWORK Total		**20**	**4**	**5**	**4**	**2**	**1**	**1**		**37**
BELLO MACHRE	**PS**	**68**	**1**							**69**
	RES - ALU	**5**	**3**	**17**						**25**
	RES - GH	**2**	**1**	**6**	**23**	**3**				**35**
BELLO MACHRE Total		**75**	**5**	**23**	**23**	**3**				**129**
BENEDICTINE SCHOOL	**PS**	**12**	**1**							**13**
	RES - ALU		**1**	**2**						**3**
	RES - GH		**1**	**4**	**8**	**2**				**15**
BENEDICTINE SCHOOL Total		**12**	**3**	**6**	**8**	**2**				**31**

Appendix 8 – DDA Residential Provider Summary Continued										
BESTCARE NURSING AND RESIDENTIAL SERVICES, INC	**RES - ALU**	**3**	**6**	**2**						**11**
BESTCARE NURSING AND RESIDENTIAL SERVICES, INC Total		**3**	**6**	**2**						**11**
BETHLEHEM HOUSE INC.	**RES - ALU**			**1**						**1**
BETHLEHEM HOUSE INC. Total				**1**						**1**
CALMRA, INC.	**PS**	**3**	**1**							**4**
	RES - ALU		**2**	**14**						**16**
CALMRA, INC. Total		**3**	**3**	**14**						**20**
CARING HANDS, INC.	**RES - ALU**		**2**							**2**
	RES - GH			**4**						**4**
CARING HANDS, INC. Total			**2**	**4**						**6**
CBAI/NCIA	**PS**	**3**								**3**
	RES - ALU	**8**	**11**	**24**	**2**					**45**
	RES - GH	**3**	**1**	**3**						**7**

Appendix 8 – DDA Residential Provider Summary Continued										
CBAI/NCIA Total		**14**	**12**	**27**	**2**					**55**
CENTER FOR COMMUNITY INTEGRATION, INC	**PS**	**9**	**2**							**11**
CENTER FOR COMMUNITY INTEGRATION, INC Total		**9**	**2**							**11**
CENTER FOR COMPREHENSIVE SERVICES, INC. DBA NEURORESTORATIVE MARYLAND	**RES - GH**	**3**								**3**
CENTER FOR COMPREHENSIVE SERVICES, INC. DBA NEURORESTORATIVE MARYLAND Total		**3**								**3**
CENTER FOR SOCIAL CHANGE	**PS**	**1**								**1**
	RES - ALU	**2**	**7**	**15**	**1**					**25**
	RES - GH		**1**	**6**	**3**	**1**				**11**
CENTER FOR SOCIAL CHANGE Total		**3**	**8**	**21**	**4**	**1**				**37**
CHANGE, INC.	**PS**	**46**								**46**

Appendix 8 – DDA Residential Provider Summary Continued										
CHANGE, INC. Total		**46**								**46**
CHARLES CO HARC	**RES - ALU**		**2**	**5**						**7**
	RES - GH				**1**	**1**	**1**	**2**		**5**
CHARLES CO HARC Total			**2**	**5**	**1**	**1**	**1**	**2**		**12**
CHESAPEAKE CARE RESOURCES	**RES - GH**		**1**	**4**	**4**					**9**
CHESAPEAKE CARE RESOURCES Total			**1**	**4**	**4**					**9**
CHESAPEAKE CENTER, INC.	**PS**	**3**								**3**
CHESAPEAKE CENTER, INC. Total		**3**								**3**
CHESAPEAKE GROUP HOMES	**RES - ALU**	**2**	**1**	**2**						**5**
	RES - GH			**1**	**2**	**4**				**7**
CHESAPEAKE GROUP HOMES Total		**2**	**1**	**3**	**2**	**4**				**12**
CHESTERWYE CENTER	**PS**	**7**								**7**
	RES - ALU			**1**						**1**
	RES - GH		**1**	**2**	**5**					**8**

Appendix 8 – DDA Residential Provider Summary Continued										
CHESTERWYE CENTER Total		**7**	**1**	**3**	**5**					**16**
CHI CENTER	**PS**	**27**								**27**
	RES - ALU	**5**	**2**	**3**						**10**
	RES - GH			**3**	**6**	**2**				**11**
CHI CENTER Total		**32**	**2**	**6**	**6**	**2**				**48**
CHIMES INC.	**PS**	**52**	**1**							**53**
	RES - ALU	**16**	**11**	**4**						**31**
	RES - GH	**3**	**3**	**7**	**20**	**10**	**3**	**1**	**1**	**48**
CHIMES INC. Total		**71**	**15**	**11**	**20**	**10**	**3**	**1**	**1**	**132**
CIS & H INC.	**RES - GH**			**1**	**2**					**3**
CIS & H INC. Total				**1**	**2**					**3**
COMMUNITY LIVING INC	**PS**	**34**	**2**	**1**						**37**
	RES - ALU	**3**	**2**	**19**						**24**
	RES - GH			**4**						**4**

Appendix 8 – DDA Residential Provider Summary Continued										
COMMUNITY LIVING INC Total		**37**	**4**	**24**						**65**
COMMUNITY SUPPORT SERVICES	**PS**	**53**	**4**							**57**
	RES - ALU	**4**	**38**	**3**						**45**
COMMUNITY SUPPORT SERVICES Total		**57**	**42**	**3**						**102**
COMPANIONS, INC.	**RES - ALU**		**1**							**1**
COMPANIONS, INC. Total			**1**							**1**
COMPASS, INC.	**PS**	**12**								**12**
	RES - ALU	**1**	**1**	**5**						**7**
	RES - GH		**1**	**6**	**17**	**3**				**27**
COMPASS, INC. Total		**13**	**2**	**11**	**17**	**3**				**46**
COMPREHENSIVE RESIDENTIAL SYSTEMS, INC.	**PS**	**1**								**1**
	RES - ALU	**2**	**2**	**1**	**1**					**6**
COMPREHENSIVE RESIDENTIAL SYSTEMS, INC. Total		**3**	**2**	**1**	**1**					**7**

Appendix 8 – DDA Residential Provider Summary Continued										
COUNCIL FOR EC&A	**RES - ALU**	**1**	**5**	**3**						**9**
COUNCIL FOR EC&A Total		**1**	**5**	**3**						**9**
CREATIVE OPTIONS	**PS**	**11**								**11**
	RES - ALU	**5**	**20**	**14**						**39**
CREATIVE OPTIONS Total		**16**	**20**	**14**						**50**
CROSSROADS COMMUNITY	**PS**	**1**								**1**
	RES - ALU	**1**								**1**
CROSSROADS COMMUNITY Total		**2**								**2**
CSAAC	**RES - ALU**	**2**	**14**	**15**	**1**					**32**
	RES - GH	**1**	**1**	**6**	**7**					**15**
CSAAC Total		**3**	**15**	**21**	**8**					**47**
CSSD	**RES - ALU**	**6**	**2**							**8**
	RES - GH	**1**		**1**	**2**	**1**	**1**	**1**		**7**
CSSD Total		**7**	**2**	**1**	**2**	**1**	**1**	**1**		**15**

Appendix 8 – DDA Residential Provider Summary Continued										
DEAF INDEPENDENT LIVING ASSOC	**PS**	**2**								**2**
	RES - ALU		**2**	**2**						**4**
	RES - GH		**1**							**1**
DEAF INDEPENDENT LIVING ASSOC Total		**2**	**3**	**2**						**7**
DELMARVA COMMUNITY SERVICES	**PS**	**6**								**6**
	RES - ALU	**1**	**2**	**4**						**7**
	RES - GH			**1**	**3**	**1**				**5**
DELMARVA COMMUNITY SERVICES Total		**7**	**2**	**5**	**3**	**1**				**18**
DESTINY'S GROUP HOME, INC	**PS**	**1**								**1**
	RES - ALU	**2**	**3**	**2**						**7**
DESTINY'S GROUP HOME, INC Total		**3**	**3**	**2**						**8**
DEVOTION CARE, INC.	**RES - ALU**	**1**	**1**	**1**						**3**
DEVOTION CARE, INC. Total		**1**	**1**	**1**						**3**

Appendix 8 – DDA Residential Provider Summary Continued										
DOMINION RESIDENCE OF MARYLAND, INC	**PS**	**6**								**6**
	RES - ALU		**1**	**2**						**3**
DOMINION RESIDENCE OF MARYLAND, INC Total		**6**	**1**	**2**						**9**
DOMINION RESOURCE CENTER INC	**PS**	**1**								**1**
	RES - ALU			**8**	**1**					**9**
DOMINION RESOURCE CENTER INC Total		**1**		**8**	**1**					**10**
DOVE POINTE RESIDENTIAL SVC	**PS**	**59**	**1**	**1**						**61**
	RES - ALU	**1**	**5**	**21**						**27**
	RES - GH		**1**	**8**	**1**		**1**			**11**
DOVE POINTE RESIDENTIAL SVC Total		**60**	**7**	**30**	**1**		**1**			**99**
DREAMCATCHERS COMMUNITY IMPROVEMENTS	**PS**	**2**								**2**
	RES - ALU	**2**	**5**	**1**						**8**
DREAMCATCHERS COMMUNITY IMPROVEMENTS Total		**4**	**5**	**1**						**10**

Appendix 8 – DDA Residential Provider Summary Continued										
DYMOND'S QUALITY CARE, INC.	**RES - ALU**		**1**							**1**
DYMOND'S QUALITY CARE, INC. Total			**1**							**1**
EBED COMMUNITY IMPROVEMENT INC.	**RES - ALU**	**1**	**1**	**2**						**4**
	RES - GH				**4**	**2**	**1**			**7**
EBED COMMUNITY IMPROVEMENT INC. Total		**1**	**1**	**2**	**4**	**2**	**1**			**11**
EMERGE	**PS**	**81**	**13**	**3**	**3**					**100**
	RES - ALU	**38**	**13**	**26**						**77**
	RES - GH	**2**	**3**	**6**						**11**
EMERGE Total		**121**	**29**	**35**	**3**					**188**
EMPOWERMENT OPTIONS INC.	**PS**	**5**								**5**
	RES - ALU			**2**						**2**
EMPOWERMENT OPTIONS INC. Total		**5**		**2**						**7**
EROSUN INC.	**PS**	**2**								**2**
	RES - ALU	**4**	**4**	**2**	**1**					**11**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - GH		**1**							**1**
EROSUN INC. Total		**6**	**5**	**2**	**1**					**14**
FAMILY SERVICE FD INC	**PS**	**4**	**1**							**5**
	RES - ALU	**1**	**1**	**7**						**9**
	RES - GH	**1**		**6**			**1**			**8**
FAMILY SERVICE FD INC Total		**6**	**2**	**13**			**1**			**22**
FIDELITY RESOURCES INC.	**PS**	**42**								**42**
	RES - ALU	**2**	**1**	**1**						**4**
FIDELITY RESOURCES INC. Total		**44**	**1**	**1**						**46**
FLYING COLORS OF SUCCESS	**PS**	**1**								**1**
	RES - ALU	**1**		**7**						**8**
	RES - GH				**2**					**2**
FLYING COLORS OF SUCCESS Total		**2**		**7**	**2**					**11**
FORWARD VISIONS	**PS**	**8**								**8**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - ALU		**1**	**4**						**5**
	RES - GH			**3**	**2**			**1**		**6**
FORWARD VISIONS Total		**8**	**1**	**7**	**2**			**1**		**19**
FREEDOM TO CHOOSE INC	**RES - ALU**	**2**		**2**						**4**
FREEDOM TO CHOOSE INC Total		**2**		**2**						**4**
FRIENDS AWARE, INC.	**PS**	**19**								**19**
	RES - ALU	**1**	**6**	**4**						**11**
	RES - GH				**1**		**1**			**2**
FRIENDS AWARE, INC. Total		**20**	**6**	**4**	**1**		**1**			**32**
FULL CITIZENSHIP OF MD	**PS**	**6**								**6**
	RES - ALU	**1**	**9**	**8**						**18**
	RES - GH		**1**							**1**
FULL CITIZENSHIP OF MD Total		**7**	**10**	**8**						**25**
HEAD INJURY REHABILITATION AND REFERRAL SERVICES	**PS**	**14**								**14**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - ALU	**2**	**4**	**3**						**9**
HEAD INJURY REHABILITATION AND REFERRAL SERVICES Total		**16**	**4**	**3**						**23**
HELENA'S HOUSE, INC.	**RES - ALU**	**1**								**1**
	RES - GH			**1**	**5**					**6**
HELENA'S HOUSE, INC. Total		**1**		**1**	**5**					**7**
HOME SWEET HOME-DD, INC	**PS**	**2**								**2**
	RES - ALU			**1**						**1**
	RES - GH						**1**			**1**
HOME SWEET HOME-DD, INC Total		**2**		**1**			**1**			**4**
HOWARD COUNTY ARC	**PS**	**15**	**3**							**18**
	RES - ALU	**6**	**11**	**11**						**28**
	RES - GH			**1**	**6**					**7**
HOWARD COUNTY ARC Total		**21**	**14**	**12**	**6**					**53**

Appendix 8 – DDA Residential Provider Summary Continued										
HUMANIM	**PS**	**37**	**1**							**38**
	RES - ALU			**3**						**3**
	RES - GH		**1**		**1**					**2**
HUMANIM Total		**37**	**2**	**3**	**1**					**43**
IHCOS CARE ASSOCIATES, INC	**PS**	**10**								**10**
	RES - ALU		**1**	**2**						**3**
IHCOS CARE ASSOCIATES, INC Total		**10**	**1**	**2**						**13**
INCLUSION SERVICES INC. (SYKESVILLE WOODS, INC.)	**PS**	**6**	**1**							**7**
	RES - ALU	**2**	**1**							**3**
	RES - GH		**1**	**2**						**3**
INCLUSION SERVICES INC. (SYKESVILLE WOODS, INC.) Total		**8**	**3**	**2**						**13**
INNOVATIVE SERVICES,INC.	**PS**	**1**								**1**
	RES - ALU		**3**	**9**						**12**

Appendix 8 – DDA Residential Provider Summary Continued										
INNOVATIVE SERVICES,INC. Total		**1**	**3**	**9**						**13**
INSTITUTE OF PROFESSIONAL PRACTICE INC - DBAMIDATL	**PS**	**5**	**2**							**7**
	RES - ALU	**5**	**4**	**2**	**1**					**12**
	RES - GH	**2**		**1**	**6**		**1**			**10**
INSTITUTE OF PROFESSIONAL PRACTICE INC - DBAMIDATL Total		**12**	**6**	**3**	**7**		**1**			**29**
ITINERIS, INC.	**PS**	**8**	**1**							**9**
ITINERIS, INC. Total		**8**	**1**							**9**
JEWISH COMMUNITY SERVICES, INC.	**PS**	**23**								**23**
	RES - ALU		**1**	**7**						**8**
	RES - GH				**1**					**1**
JEWISH COMMUNITY SERVICES, INC. Total		**23**	**1**	**7**	**1**					**32**
JEWISH FD FOR GROUP HOMES	**PS**	**20**								**20**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - ALU	**2**		**1**						**3**
	RES - GH		**1**	**5**	**4**	**7**	**2**			**19**
JEWISH FD FOR GROUP HOMES Total		**22**	**1**	**6**	**4**	**7**	**2**			**42**
JEWISH SOCIAL SERVICE AGENCY	**PS**	**3**								**3**
JEWISH SOCIAL SERVICE AGENCY Total		**3**								**3**
JOSHUA HOUSE	**PS**	**1**								**1**
JOSHUA HOUSE Total		**1**								**1**
JUBILEE ASSOCIATION OF MD	**PS**	**40**	**6**	**11**						**57**
	RES - ALU	**1**	**2**	**7**						**10**
	RES - GH			**1**	**3**	**1**				**5**
JUBILEE ASSOCIATION OF MD Total		**41**	**8**	**19**	**3**	**1**				**72**
KENT CENTER INC.	**PS**	**15**	**1**							**16**
	RES - ALU		**1**	**1**	**1**					**3**
	RES - GH			**4**	**1**					**5**

Appendix 8 – DDA Residential Provider Summary Continued										
KENT CENTER INC. Total		**15**	**2**	**5**	**2**					**24**
LANGTON GREEN	**PS**	**1**								**1**
	RES - ALU	**2**	**3**	**13**						**18**
	RES - GH			**2**	**10**	**3**				**15**
LANGTON GREEN Total		**3**	**3**	**15**	**10**	**3**				**34**
LATONYA'S HOUSE, INC	**PS**	**12**								**12**
	RES - ALU	**2**								**2**
LATONYA'S HOUSE, INC Total		**14**								**14**
LIFE	**PS**	**2**								**2**
	RES - ALU	**3**								**3**
	RES - GH	**1**	**1**	**4**	**9**	**4**	**1**			**20**
LIFE Total		**6**	**1**	**4**	**9**	**4**	**1**			**25**
LINWOOD CENTER, INC.	**PS**	**2**								**2**
	RES - ALU	**1**	**1**	**7**						**9**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - GH			**1**	**1**	**1**				**3**
LINWOOD CENTER, INC. Total		**3**	**1**	**8**	**1**	**1**				**14**
LIVING HOPE, INC.	**PS**	**22**								**22**
	RES - ALU	**1**	**1**	**4**						**6**
	RES - GH			**1**	**4**					**5**
LIVING HOPE, INC. Total		**23**	**1**	**5**	**4**					**33**
LIVING OUT LOUD, INC	**PS**	**14**								**14**
LIVING OUT LOUD, INC Total		**14**								**14**
LIVING SANS FRONTIERES, INC.	**PS**	**9**								**9**
	RES - ALU	**4**	**6**	**4**						**14**
LIVING SANS FRONTIERES, INC. Total		**13**	**6**	**4**						**23**
LT JOSEPH P KENNEDY INSTIT	**PS**	**30**								**30**
	RES - ALU	**1**	**1**	**5**						**7**
LT JOSEPH P KENNEDY INSTIT Total		**31**	**1**	**5**						**37**

Appendix 8 – DDA Residential Provider Summary Continued										
LYCHER, INC.	**RES - ALU**		**1**	**2**						**3**
	RES - GH				**1**					**1**
LYCHER, INC. Total			**1**	**2**	**1**					**4**
MARY T. MARYLAND	**PS**	**1**								**1**
	RES - GH	**3**								**3**
MARY T. MARYLAND Total		**4**								**4**
MARYLAND COMMUNITY CONNECTION	**PS**	**27**								**27**
MARYLAND COMMUNITY CONNECTION Total		**27**								**27**
MARYLAND NEIGHBORLY NETWORKS	**RES - ALU**	**2**	**6**	**6**						**14**
	RES - GH					**1**				**1**
MARYLAND NEIGHBORLY NETWORKS Total		**2**	**6**	**6**		**1**				**15**
MAXIM HEALTH CARE SERVS.	**PS**	**7**								**7**

Appendix 8 – DDA Residential Provider Summary Continued										
MAXIM HEALTH CARE SERVS. Total		**7**								**7**
MEDSOURCE COMMUNITY SERVICE	**PS**	**1**	**2**							**3**
	RES - ALU	**3**	**6**	**18**						**27**
	RES - GH	**1**	**1**	**5**	**4**					**11**
MEDSOURCE COMMUNITY SERVICE Total		**5**	**9**	**23**	**4**					**41**
MELWOOD HORTICULTURAL TRAINING CENTER	**PS**	**64**	**3**	**1**						**68**
MELWOOD HORTICULTURAL TRAINING CENTER Total		**64**	**3**	**1**						**68**
MISSY'S CHOICE, INC	**PS**	**1**								**1**
MISSY'S CHOICE, INC Total		**1**								**1**
NATIONAL CHILDRENS CENTER	**PS**	**6**								**6**
	RES - ALU	**1**								**1**
	RES - GH				**1**					**1**
NATIONAL CHILDRENS CENTER Total		**7**			**1**					**8**

Appendix 8 – DDA Residential Provider Summary Continued										
NEW BEGINNINGS, INC	**PS**	**2**	**2**							**4**
	RES - ALU	**2**	**3**							**5**
NEW BEGINNINGS, INC Total		**4**	**5**							**9**
NEW HORIZONS SUPPORTED SERVICES INC.	**PS**	**40**	**1**							**41**
NEW HORIZONS SUPPORTED SERVICES INC. Total		**40**	**1**							**41**
NORTHSTAR SPECIAL SERVICES, INC	**RES - ALU**	**1**	**4**	**7**						**12**
NORTHSTAR SPECIAL SERVICES, INC Total		**1**	**4**	**7**						**12**
PENN MAR ORGANIZATION	**PS**	**12**								**12**
	RES - ALU	**2**	**6**	**2**						**10**
	RES - GH			**3**	**16**	**2**				**21**
PENN MAR ORGANIZATION Total		**14**	**6**	**5**	**16**	**2**				**43**
PRECISION HEALTH CARE RESOURCES	**PS**	**7**								**7**
	RES - ALU	**3**	**3**	**4**	**1**					**11**

Appendix 8 – DDA Residential Provider Summary Continued										
PRECISION HEALTH CARE RESOURCES Total		**10**	**3**	**4**	**1**					**18**
PROGRESS UNLIMITED	**RES - ALU**	**1**	**1**	**22**						**24**
	RES - GH		**1**	**6**						**7**
PROGRESS UNLIMITED Total		**1**	**2**	**28**						**31**
PROVIDENCE CENTER	**PS**	**6**	**2**							**8**
PROVIDENCE CENTER Total		**6**	**2**							**8**
Q-CARE INCORPORATED	**PS**	**11**	**1**							**12**
	RES - ALU		**1**	**3**						**4**
	RES - GH				**1**					**1**
Q-CARE INCORPORATED Total		**11**	**2**	**3**	**1**					**17**
QUANTUM LEAP INC.	**RES - ALU**	**9**	**14**	**4**						**27**
QUANTUM LEAP INC. Total		**9**	**14**	**4**						**27**
RAY OF HOPE, INC.	**PS**	**6**								**6**
	RES - ALU	**3**	**6**	**4**						**13**

Appendix 8 – DDA Residential Provider Summary Continued										
RAY OF HOPE, INC. Total		**9**	**6**	**4**						**19**
RICHCROFT	**PS**	**65**								**65**
	RES - ALU	**6**	**15**	**26**	**1**					**48**
	RES - GH			**6**	**5**					**11**
RICHCROFT Total		**71**	**15**	**32**	**6**					**124**
ROCK CREEK FOUNDATION	**PS**	**6**								**6**
	RES - ALU	**4**	**2**	**1**						**7**
	RES - GH			**2**	**3**					**5**
ROCK CREEK FOUNDATION Total		**10**	**2**	**3**	**3**					**18**
SECOND FAMILY ADULT HOMES, INC	**RES - ALU**		**1**	**1**						**2**
	RES - GH	**1**	**1**		**1**	**3**				**6**
SECOND FAMILY ADULT HOMES, INC Total		**1**	**2**	**1**	**1**	**3**				**8**
SEEC CORPORATION	**PS**	**44**	**10**							**54**
	RES - ALU		**1**							**1**

Appendix 8 – DDA Residential Provider Summary Continued										
SEEC CORPORATION Total		**44**	**11**							**55**
SHERONDA'S HOUSE, INC.	**PS**	**1**								**1**
SHERONDA'S HOUSE, INC. Total		**1**								**1**
SHOREHAVEN	**RES - GH**					**1**				**1**
SHOREHAVEN Total						**1**				**1**
SHURA	**PS**	**5**	**1**							**6**
	RES - ALU	**2**	**5**	**11**	**1**					**19**
	RES - GH			**1**						**1**
SHURA Total		**7**	**6**	**12**	**1**					**26**
SMVI DBA EPIC EMPOWERING PEOPLE WITH INTELLECTUAL CHALLENGES	**PS**	**10**								**10**
	RES - ALU		**1**	**2**						**3**
	RES - GH			**3**	**11**					**14**
SMVI DBA EPIC EMPOWERING PEOPLE WITH INTELLECTUAL CHALLENGES Total		**10**	**1**	**5**	**11**					**27**

Appendix 8 – DDA Residential Provider Summary Continued										
SOCIAL HEALTH SERVICES GROUP INC	**PS**	**2**								**2**
	RES - ALU	**4**	**6**	**2**						**12**
SOCIAL HEALTH SERVICES GROUP INC Total		**6**	**6**	**2**						**14**
SOMERSET COMMUNITY SERVICES, INC.	**PS**	**38**								**38**
	RES - ALU	**1**	**2**	**1**						**4**
	RES - GH		**1**	**6**	**16**					**23**
SOMERSET COMMUNITY SERVICES, INC. Total		**39**	**3**	**7**	**16**					**65**
SON-GRACE INC.	**PS**	**1**								**1**
	RES - ALU	**1**	**1**							**2**
SON-GRACE INC. Total		**2**	**1**							**3**
SPECTRUM SUPPORT, INC.	**PS**	**7**								**7**
	RES - ALU		**2**	**2**	**1**					**5**
	RES - GH				**1**					**1**

Appendix 8 – DDA Residential Provider Summary Continued										
SPECTRUM SUPPORT, INC. Total		**7**	**2**	**2**	**2**					**13**
SPRING DELL CENTER	**PS**	**7**	**1**	**1**						**9**
	RES - ALU	**4**	**2**	**4**						**10**
	RES - GH			**3**	**5**					**8**
SPRING DELL CENTER Total		**11**	**3**	**8**	**5**					**27**
ST. PATRICK HOMES INC	**RES - ALU**			**1**						**1**
ST. PATRICK HOMES INC Total				**1**						**1**
STAR COMMUNITY, INC.	**PS**	**4**								**4**
	RES - ALU			**2**						**2**
	RES - GH			**3**	**3**		**1**		**1**	**8**
STAR COMMUNITY, INC. Total		**4**		**5**	**3**		**1**		**1**	**14**
STARFLIGHT ENTERPRISE INC	**RES - ALU**	**1**	**3**	**2**						**6**
	RES - GH			**1**	**4**					**5**
STARFLIGHT ENTERPRISE INC Total		**1**	**3**	**3**	**4**					**11**

Appendix 8 – DDA Residential Provider Summary Continued										
SUNRISE COMMUNITY OF MARYLAND, INC.	**PS**	**20**								**20**
SUNRISE COMMUNITY OF MARYLAND, INC. Total		**20**								**20**
TARGET COMMUNITY AND EDUCATIONAL SERVICES	**PS**	**41**	**10**							**51**
	RES - ALU			**6**						**6**
	RES - GH			**1**						**1**
TARGET COMMUNITY AND EDUCATIONAL SERVICES Total		**41**	**10**	**7**						**58**
THE ARC BALTIMORE	**PS**	**95**	**5**	**2**						**102**
	RES - ALU	**19**	**15**	**35**	**1**					**70**
	RES - GH		**2**	**11**	**2**					**15**
THE ARC BALTIMORE Total		**114**	**22**	**48**	**3**					**187**
THE CAROLINE CENTER	**PS**	**16**								**16**
	RES - ALU	**3**	**1**	**2**						**6**
	RES - GH		**2**	**1**	**5**			**1**		**9**

Appendix 8 – DDA Residential Provider Summary Continued										
THE CAROLINE CENTER Total		**19**	**3**	**3**	**5**			**1**		**31**
THE CENTER FOR LIFE ENRICHMENT	**PS**	**60**	**1**							**61**
THE CENTER FOR LIFE ENRICHMENT Total		**60**	**1**							**61**
TRACY'S LIFE, INC.	**PS**	**1**								**1**
TRACY'S LIFE, INC. Total		**1**								**1**
TREATMENT & LEARNING CTR, INC.	**PS**	**27**								**27**
TREATMENT & LEARNING CTR, INC. Total		**27**								**27**
UNIFIED COMMUNITY CONNECTIONS (UC2)	**PS**	**41**								**41**
	RES - ALU	**1**	**2**	**20**	**2**					**25**
	RES - GH	**2**	**2**	**7**	**11**					**22**
UNIFIED COMMUNITY CONNECTIONS (UC2) Total		**44**	**4**	**27**	**13**					**88**
UNITED NEEDS AND ABILITIES, INC.	**PS**	**56**	**2**							**58**
	RES - ALU	**1**	**2**	**5**						**8**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - GH			**1**						**1**
UNITED NEEDS AND ABILITIES, INC. Total		**57**	**4**	**6**						**67**
V & T RESIDENTIAL SERVICES	**PS**	**2**								**2**
	RES - GH			**2**	**1**					**3**
V & T RESIDENTIAL SERVICES Total		**2**		**2**	**1**					**5**
VOCA CORPORATION	**PS**	**1**								**1**
	RES - ALU	**1**	**1**	**7**						**9**
	RES - GH	**1**		**1**		**2**				**4**
VOCA CORPORATION Total		**3**	**1**	**8**		**2**				**14**
WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL	**RES - ALU**		**1**	**10**						**11**
	RES - GH		**1**	**4**	**2**					**7**
WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL Total			**2**	**14**	**2**					**18**
WAY STATION	**RES - ALU**	**1**		**3**						**4**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - GH				**1**					**1**
WAY STATION Total		**1**		**3**	**1**					**5**
WORCESTER CO DEVELOPMENTAL CTR	**PS**	**17**								**17**
	RES - ALU	**3**	**1**	**2**						**6**
	RES - GH				**2**	**1**				**3**
WORCESTER CO DEVELOPMENTAL CTR Total		**20**	**1**	**2**	**2**	**1**				**26**
COMMUNITY OPTIONS, INC	**PS**	**4**								**4**
	RES - ALU		**1**	**1**						**2**
	RES - GH	**1**		**1**	**2**					**4**
COMMUNITY OPTIONS, INC Total		**5**	**1**	**2**	**2**					**10**
METRO HOMES HEALTHCARE MARYLAND INC.	**RES - ALU**	**1**								**1**
METRO HOMES HEALTHCARE MARYLAND INC. Total		**1**								**1**
THE ARC OF THE CENTRAL CHESAPEAKE REGION, INC.	**PS**	**47**	**3**							**50**

Appendix 8 – DDA Residential Provider Summary Continued										
	RES - ALU	**5**	**6**	**6**	**1**					**18**
	RES - GH		**1**	**4**	**7**	**1**				**13**
THE ARC OF THE CENTRAL CHESAPEAKE REGION, INC. Total		**52**	**10**	**10**	**8**	**1**				**81**
RESIDENTIAL ADVOCACY REACHING EXCELLENCE, INC.	**RES - ALU**		**1**							**1**
RESIDENTIAL ADVOCACY REACHING EXCELLENCE, INC. Total			**1**							**1**
POOL OF BETHESDA COMMUNITY SERVICES, INC.	**RES - ALU**	**2**	**4**	**5**	**1**					**12**
POOL OF BETHESDA COMMUNITY SERVICES, INC. Total		**2**	**4**	**5**	**1**					**12**
INSPIRED OPTIONS, INC	**RES - ALU**	**1**								**1**
INSPIRED OPTIONS, INC Total		**1**								**1**
STANDARD INTEGRATED SUPPORTS, INC	**RES - ALU**	**1**								**1**
STANDARD INTEGRATED SUPPORTS, INC Total		**1**								**1**

BENCHMARK HUMAN SERVICES	**RES - GH**	**1**								**1**
Appendix 8 – DDA Residential Provider Summary Continued										
BENCHMARK HUMAN SERVICES Total		**1**								**1**
Grand Total		**2662**	**549**	**875**	**392**	**81**	**23**	**13**	**16**	**4611**

Data source: DDA PCIS2 11/16/14

Notes:

1. CSLA means Community Supported Living Arrangement services
2. RES – ALU means Residential Habilitation – Alternative Living Units
3. RES – GH means Residential Habilitation – Group Homes

Appendix 9 – DDA Day and Supported Employment Provider Summary

Data source: DDA PCIS2 10/21/14

Developmental Disabilities Administration Day Habilitation and Supported Employment Provider and Service Type	**# of Sites**	**# of People**
A.C.C./F.X. GALLAGHER	3	181
DAY	2	173
SE	1	8
ABILITIES NETWORK	15	239
SE	15	239
ACIDD MARYLAND	1	1
SE	1	1
ALLIANCE	6	159
DAY	3	40
SE	3	119
APPALACHIAN PARENT ASSN	3	71
DAY	2	62
SE	1	9
ARC OF CARROLL COUNTY INC	2	117
DAY	1	88
SE	1	29
ARC OF MONTGOMERY COUNTY INC	2	243
DAY	1	200
SE	1	43
ARC OF NORTHERN CHESAPEAKE	3	230
DAY	1	65
SE	2	165
ARC OF PRINCE GEORGES CO INC	7	434

Appendix 9 – DDA Day and Supported Employment Provider Summary		
DAY	6	418
SE	1	16
ARC OF SOUTHERN MARYLAND INC	6	106
DAY	3	63
SE	3	43
ARC/WASHINGTON CO.	4	200
DAY	3	175
SE	1	25
ARDMORE ENTERPRISES	2	179
DAY	1	164
SE	1	15
ATHELAS INSTITUTE	10	322
DAY	7	256
SE	3	66
BAY COMMUNITY SUPPORT SERVICES, INC.	10	87
DAY	6	29
SE	4	58
BAY SHORE SERVICES, INC.	3	39
DAY	1	34
SE	2	5
BAYSIDE COMMUNITY NETWORK	2	183
DAY	1	137
SE	1	46
BELLO MACHRE	3	13
DAY	2	11
SE	1	2

Appendix 9 – DDA Day and Supported Employment Provider Summary		
BENCHMARK HUMAN SERVICES	1	3
DAY	1	3
BENEDICTINE SCHOOL	3	108
DAY	2	100
SE	1	8
CALMRA, INC.	1	30
DAY	1	30
CALVERT CO OFFICE ON AGING	1	11
DAY	1	11
CARROLL CO. BUREAU OF AGING AND DISABILITIES	1	24
DAY	1	24
CBAI/NCIA	10	233
DAY	4	61
SE	6	172
CENTER FOR COMMUNITY INTEGRATION, INC	1	2
SE	1	2
CENTER FOR COMPREHENSIVE SERVICES, INC. DBA NEURORESTORATIVE MARYLAND	1	2
DAY	1	2
CENTER FOR SOCIAL CHANGE	3	86
DAY	1	22
SE	2	64
CHANGE, INC.	3	143
DAY	2	141
SE	1	2
CHESAPEAKE CARE RESOURCES	3	47

Appendix 9 – DDA Day and Supported Employment Provider Summary		
DAY	2	45
SE	1	2
CHESAPEAKE DEVELOPMENTAL UNIT	1	91
DAY	1	91
CHESTERWYE CENTER	2	52
DAY	1	51
SE	1	1
CHI CENTER	9	336
DAY	7	270
SE	2	66
CHIMES INC.	9	755
DAY	6	537
SE	3	218
CIS & H INC.	1	6
DAY	1	6
COMMUNITY LIVING INC	4	69
DAY	3	58
SE	1	11
COMMUNITY OPTIONS, INC	3	13
DAY	2	12
SE	1	1
COMMUNITY SUPPORT SERVICES	2	169
DAY	1	167
SE	1	2
COMPASS, INC.	4	24
DAY	1	19

Appendix 9 – DDA Day and Supported Employment Provider Summary		
SE	3	5
CREATIVE OPTIONS	3	51
DAY	2	39
SE	1	12
CREATIVE OPTIONS & EMPLOYMENT INC	2	26
DAY	1	21
SE	1	5
CROSSROADS COMMUNITY	1	2
DAY	1	2
CSAAC	2	74
DAY	1	53
SE	1	21
CSSD	1	11
DAY	1	11
DEAF INDEPENDENT LIVING ASSOC	1	4
SE	1	4
DELMARVA COMMUNITY SERVICES	4	61
DAY	4	61
DESTINY'S GROUP HOME, INC	4	19
DAY	1	9
SE	3	10
DOMINION RESOURCE CENTER INC	2	5
DAY	1	3
SE	1	2
DOVE POINTE, INC	2	254
DAY	1	236

Appendix 9 – DDA Day and Supported Employment Provider Summary		
SE	1	18
EBED COMMUNITY IMPROVEMENT INC.	1	28
DAY	1	28
EMERGE	9	265
DAY	4	160
SE	5	105
EROSUN INC.	3	15
DAY	1	12
SE	2	3
FAMILY SERVICE FD INC	5	68
DAY	3	61
SE	2	7
FLYING COLORS OF SUCCESS	1	5
DAY	1	5
FREEDOM TO CHOOSE INC	1	8
SE	1	8
FRIENDS AWARE, INC.	4	111
DAY	3	98
SE	1	13
FULL CITIZENSHIP OF MD	3	39
DAY	1	28
SE	2	11
GOODWILL IND. MONOCACY VALLEY	5	49
DAY	3	42
SE	2	7
HAGERSTOWN OR HORIZON GOODWILL INDUSTRIES	4	70

Appendix 9 – DDA Day and Supported Employment Provider Summary		
DAY	2	54
SE	2	16
HARFORD CENTER	2	126
DAY	2	126
HEAD INJURY REHABILITATION AND REFERRAL SERVICES	2	41
DAY	1	30
SE	1	11
HOLLY CENTER	2	22
DAY	2	22
HOME SWEET HOME-DD, INC	2	13
DAY	1	10
SE	1	3
HOWARD COUNTY ARC	3	188
DAY	1	109
SE	2	79
HUMANIM	9	293
DAY	3	179
SE	6	114
INCLUSION SERVICES INC. (SYKESVILLE WOODS, INC.)	1	16
DAY	1	16
ITINERIS, INC.	3	63
DAY	1	20
SE	2	43
JEWISH COMMUNITY SERVICES, INC.	2	15
SE	2	15
JEWISH SOCIAL SERVICE AGENCY	2	29

Appendix 9 – DDA Day and Supported Employment Provider Summary		
SE	2	29
KENT CENTER INC.	2	49
DAY	1	40
SE	1	9
LANGTON GREEN	3	29
DAY	2	19
SE	1	10
LIFE	2	48
SE	2	48
LINWOOD CENTER, INC.	5	55
DAY	3	33
SE	2	22
LIVING SANS FRONTIERES, INC.	3	5
DAY	2	3
SE	1	2
LOWER SHORE ENTERPRISES	2	161
DAY	1	123
SE	1	38
LT JOSEPH P KENNEDY INSTIT	5	99
DAY	1	38
SE	4	61
LYCHER, INC.	1	23
DAY	1	23
MARY T. MARYLAND	3	7
DAY	1	4
SE	2	3

Appendix 9 – DDA Day and Supported Employment Provider Summary		
MARYLAND COMMUNITY CONNECTION	1	65
SE	1	65
MELWOOD HORTICULTURAL TRAINING CENTER	7	350
DAY	5	239
SE	2	111
NEW BEGINNINGS, INC	2	14
DAY	1	1
SE	1	13
NEW HORIZONS SUPPORTED SERVICES INC.	4	179
DAY	2	141
SE	2	38
NORTHSTAR SPECIAL SERVICES, INC	3	54
DAY	2	22
SE	1	32
OPPORTUNITY BUILDERS	3	425
DAY	1	372
SE	2	53
PENN MAR ORGANIZATION	2	157
DAY	1	102
SE	1	55
POTOMAC CENTER	3	32
DAY	3	32
PRECISION HEALTH CARE RESOURCES	3	23
SE	3	23
PROGRESS UNLIMITED	1	15
SE	1	15

Appendix 9 – DDA Day and Supported Employment Provider Summary		
PROVIDENCE CENTER	7	423
DAY	6	364
SE	1	59
QUANTUM LEAP INC.	2	17
DAY	2	17
RAY OF HOPE, INC.	1	16
DAY	1	16
REHABILITATION OPPORTUNITIES	3	211
DAY	2	203
SE	1	8
ROCK CREEK FOUNDATION	2	44
DAY	1	35
SE	1	9
SCOTT KEY CENTER	2	118
DAY	1	72
SE	1	46
SECURE EVALUATION AND THERAPEUTIC TREATMENT PROGRA	2	30
DAY	2	30
SEEC CORPORATION	3	64
DAY	1	1
SE	2	63
SHOREHAVEN	1	5
DAY	1	5
SHURA	2	17
DAY	1	13
SE	1	4

Appendix 9 – DDA Day and Supported Employment Provider Summary		
SMVI DBA EPIC EMPOWERING PEOPLE WITH INTELLECTUAL CHALLENGES	2	89
DAY	1	55
SE	1	34
SOCIAL HEALTH SERVICES GROUP INC	3	22
DAY	1	15
SE	2	7
SOMERSET COMMUNITY SERVICES, INC.	3	152
DAY	1	131
SE	2	21
SPECTRUM SUPPORT, INC.	3	57
DAY	2	53
SE	1	4
SPRING DELL CENTER	3	177
DAY	2	165
SE	1	12
ST COLETTA OF GREATER WASHINGTON, INC.	2	88
DAY	1	74
SE	1	14
ST. PETERS ADULT LEARNING	2	90
DAY	1	39
SE	1	51
STAR COMMUNITY, INC.	1	78
DAY	1	78
STARFLIGHT ENTERPRISE INC	2	6
SE	2	6

Appendix 9 – DDA Day and Supported Employment Provider Summary

SUNRISE COMMUNITY OF MARYLAND, INC.	2	74
DAY	1	65
SE	1	9
TARGET COMMUNITY AND EDUCATIONAL SERVICES	4	95
DAY	1	20
SE	3	75
THE ARC BALTIMORE	8	993
DAY	6	458
SE	2	535
THE ARC OF FREDERICK COUNTY	4	23
DAY	2	12
SE	2	11
THE ARC OF THE CENTRAL CHESAPEAKE REGION, INC.	10	111
DAY	5	86
SE	5	25
THE CAROLINE CENTER	3	95
DAY	3	95
THE CENTER FOR LIFE ENRICHMENT	4	50
DAY	2	32
SE	2	18
THE LEAGUE FOR PEOPLE WITH DISABILITIES	4	148
DAY	2	76
SE	2	72
TREATMENT & LEARNING CTR, INC.	1	126
SE	1	126
UNIFIED COMMUNITY CONNECTIONS (UC2)	6	277

Appendix 9 – DDA Day and Supported Employment Provider Summary		
DAY	4	240
SE	2	37
UNITED NEEDS AND ABILITIES, INC.	4	9
DAY	1	5
SE	3	4
WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL	4	89
DAY	2	82
SE	2	7
WAY STATION	2	43
DAY	1	36
SE	1	7
WORCESTER CO DEVELOPMENTAL CTR	2	88
DAY	1	79
SE	1	9
WORK OPPORTUNITIES UNLIMITED	6	91
SE	6	91
Grand Total	**396**	**12785**

Notes:

1. Day means Day Habilitation
2. SE means Supported Employment

Appendix 10

The Hilltop Institute

analysis to advance the health of vulnerable populations

HCBS Settings Surveys Findings: Maryland Residential Provider, Participant/Caregiver, and Case Manager/Supports Planner

December 1, 2014

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HCBS Settings Surveys Findings:
Maryland Residential Provider, Participant/Caregiver, and Case Manager/Supports Planner

Table of Contents

HCBS Settings Surveys Findings:
Maryland Residential Provider, Participant/Caregiver, and Case Manager/Supports Planner

Executive Summary

To assist the Maryland Department of Health and Mental Hygiene (DHMH) write its transition plan for the Centers for Medicare and Medicaid Services (CMS) regarding Home and Community-Based Service Settings in Maryland, The Hilltop Institute developed and administered three surveys. The focus of this report is on the first two—the provider and participant surveys—while the majority of the analysis of the third survey is included in the appendix. The purpose of the provider and participant surveys was to obtain an initial understanding of home and community based service delivery and to identify areas in need of further assessment. Because CMS had provided more guidance with respect to residential services under the Final Rule, providers of and participants in residential services were the target groups.

The Hilltop Institute developed the survey instruments after reviewing the guidance from CMS and several other states' instruments. Given the time limitations and goal of the surveys, one provider instrument and one participant survey were used across waiver groups. In the future, it may prove beneficial to develop more refined tools that account for differences between waiver populations while still assessing the required Final Rule criteria. It is also important to note while efforts were made to increase the number of responses for each survey, this impacted the representativeness of the responses; as such these results are not representative of all consumers and providers across the state.

The survey analysis consisted of basic descriptive statistics, primarily frequency distributions. Comparisons were made between the participants and providers, and between participants and case managers when applicable. Each survey allowed for comments to be made that were analyzed for similarities and trends.

Findings of note included 10.5 percent of providers indicating their setting was located in an institutional inpatient treatment setting and 30.6 percent of providers indicating their setting was near other settings for people with disabilities that they run. In addition, 59.1 percent of providers indicated they only serve individuals with disabilities. These findings need to be further investigated. Other areas that appear to need further evaluation are an individual's control of personal resources, transportation as it affects community access, signing a lease, choice of living arrangement, access to food at any time, and privacy issues (entrance door being locked, for example).

HCBS Settings Surveys Findings:
Maryland Residential Provider, Participant/Caregiver, and Case Manager/Supports Planner

Introduction

The Hilltop Institute was asked by the Maryland Department of Health of Mental Hygiene (DHMH) to develop three surveys to gather initial information regarding home and community-based services (HCBS) settings in Maryland. The three surveys requested included a residential provider survey, a participant survey, and a case manager survey. The intent of the first two surveys was to broadly assess the current state of HCBS settings as they relate to the HCBS settings criteria set forth by the Centers for Medicare and Medicaid Services (CMS) on January 16, 2014.[1] The intent of the third survey—the case manager survey—was to begin to gauge the current state of person-centered planning in Maryland since those criteria went into effect on March 17, 2014. This report presents the methodology and results for the three surveys, limitations of the study, and suggestions for future assessments. This report focuses on the results of the provider and participant surveys, with only brief comparisons provided from the case manager survey. A summary results table and brief discussion of the case manager survey is presented in Appendix A.

Methodology

To develop the provider, participant, and case manager instruments, Hilltop reviewed questions from CMS's exploratory questions document and several other states' instruments, including Nevada's residential settings self-assessment form, Tennessee's residential provider self-assessment form and person-centered planning assessment, and Kansas's HCBS compliance survey for providers.[2] To further assist in developing the participant instrument, Tennessee's individual experience assessment tool and Indiana's transition plan were also reviewed.

Hilltop focused on residential services for the provider and participant surveys because CMS provided the most guidance on those criteria in the Final Rule. Nevada and Tennessee used the same approach in which only residential providers conducted self-assessments. Providers also filled out one survey for each type of residential setting (for example, assisted living or residential habilitation), as opposed to filling out a survey for each residential site.[3] In addition, because the Final Rule also outlined criteria for the person-centered planning process and the required content of person-centered plans that were already supposed to be implemented, the state decided to do a brief survey of case managers on that specific criteria as well.

[1] http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html
[2] The assessment was online and the link is no longer available, but Hilltop does have a printed copy of the assessment.
[3] Nevada and Tennessee instructed providers to fill out the self-assessment form for each site/address, while Kansas instructed providers to fill out one survey for each type of setting.

About half of the survey questions on the provider and participant surveys focused on the additional criteria CMS set forth regarding provider-owned or controlled residential settings. The rest of the questions related to the broad home and community based settings criteria. Answer choices were limited to yes/no in order to gain an initial understanding of HCBS settings, and how providers and participants viewed their settings and their services. While the provider and participant surveys differed, the same survey was used for each group across the waivers because the same Final Rule criteria applied regardless of program. All three surveys were given to various stakeholder groups to review and, when appropriate, changes were made to the surveys based on their feedback.

The survey instruments were web-based, but respondents could request a paper copy of each survey. Three different letters (one for residential providers, one for residential consumers, and one for case management agencies) were drafted by DHMH that described the purpose of the survey for that group, provided the web link for the relevant survey, contact information to request a paper copy of the survey, and contact information for Hilltop regarding any questions about the survey. Hilltop developed the mailing lists for the residential providers, residential participants, and case management agencies using Medicaid Management Information Systems (MMIS) claims data. Because the focus was on residential services, only HCBS waivers and/or state programs that offered them were included (Maryland's Autism Waiver, Traumatic Brain Injury Waiver, Home and Community-Based Options Waiver, and the Community Pathways Waiver). Hilltop pulled providers and participants with residential claims between June-August 2014, and the case management agencies for those participants was March–August 2014. The mailing list included 553 residential providers, 6,678 participants receiving residential services, and 23 case management agencies. Hilltop received approximately 63 calls regarding the participant survey, 15 calls regarding the provider survey, and 1 call regarding the case manager survey. All requests Hilltop received for paper copies were either delivered to DHMH staff in person or via fax to ensure confidentiality.

To illicit as many responses as possible, the links for all the surveys were posted on both DHMH's website[4] and the Developmental Disabilities Administration's (DDA's) website.[5] DHMH also posted printable copies on its website. The surveys were discussed at eight public information sessions in early October 2014[6] and during a webinar on October 21, 2014. There was a significant jump in all survey responses on October 21, possibly due to discussing it during the webinar, but more likely due to an email sent to employees from Service Coordination, Inc. regarding completing the surveys. It is important to note that many participants who filled out the survey were not receiving residential services even though the original mailing only went out to residential participants. Because individuals outside of the mailing lists were encouraged to complete the surveys, the response rates for the participant and provider surveys should be viewed with caution. This also impacted the representativeness of the survey responses. Those who are more active and have stronger opinions (in any direction) may be over represented. A concern in survey research is if those

[4] https://mmcp.dhmh.maryland.gov/waiverprograms/SitePages/Community%20Settings%20Final%20Rule.aspx
[5] http://dda.dhmh.maryland.gov/SitePages/HCBS.aspx
[6] There were two information sessions on each of the following dates and locations: 10/6/14 Bowie, MD; 10/7/14 Hagerstown, MD; 10/14/14 Cambridge, MD; and 10/15/14 Columbia, MD.

respondents who take the time to complete the survey are somehow different from the population at large. Finally, because only case management agencies were sent a letter, but all case managers at each agency were encouraged to fill out the survey, it is not possible to calculate a response rate for the case manager survey.

The provider survey yielded a response rate of 25.5 percent, with 141 responses. There were 646 participant responses, resulting in a response rate of 9.7 percent. There were 187 case manager responses, but as noted earlier, it is not possible to determine the response rate. The response rate for the participant survey appears to be low. This may be due to the fact that it was an online survey, which typically yields a lower response rate, or that it was voluntary, with no incentives offered for completion. Additional limitations of the surveys are addressed at the end of the document.

Statistical Program for the Social Sciences (SPSS) was used to conduct the quantitative analysis, which consists of basic descriptive statistics, primarily frequency distributions. Estimates of the number of providers affected are given when applicable, with a reminder that they are estimates and should be viewed with caution given the limitations of the survey. Summary tables are presented in the results section.

At the end of each survey was a comment section. There were 152 comments from participants, 32 from providers, and 43 from case managers. Comments were analyzed for similarities and trends.

Results

Providers

Location of Settings and Type of People Served

As noted earlier, 141 providers completed the provider survey. Of these, 47.8 percent (n=65) were assisted living providers and 52.2 percent (n=71) were residential habilitation providers. Five providers failed to answer this question. Several questions were asked about the physical location of their settings, as well the type of people served at the settings. Because providers were answering only on the type of setting and not answering surveys based on each site, they were asked to answer what was typical of most of the settings of that type (i.e. assisted living or residential habilitation). The questions were based on following HCBS Final Rule criteria:[7]

[7] http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html. Please note, not all the HCBS criteria are listed; only those relevant to the questions asked are noted.

1. Settings that are NOT home and community-based include nursing facilities, institutes for mental diseases (IMDs), intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), and hospitals.

2. Settings are PRESUMED NOT to be home and community-based if the setting has the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS. CMS's additional guidance regarding settings that isolate is as follows:

    a. The setting is specifically for people with disabilities, and often even people with a certain type of disability.

    b. The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

    c. People in the setting have limited, if any, interaction with the broader community.

    d. Examples of settings that isolate include residential schools and multiple settings co-located and operationally related (i.e., operated and controlled by the same provider) that congregate a large number of people with disabilities together and provide for significant shared programming and staff.

Below, Table 1 shows the results of these questions.

Table 1. Provider Residential Setting Location and People Served

Residential Settings Questions	Yes	
	Percentage (Frequency)	N
Setting is in a publicly or privately owned facility that provides inpatient institutional treatment	10.5% (12)	114
Setting is near other settings that the providers run for people with disabilities	30.6% (34)	111
Setting is located in the same building as an educational program or school	1.7% (2)	120
Private residences are near the setting	94.9% (111)	117

Residential Settings Questions	Yes	
	Percentage (Frequency)	N
Other businesses are near the setting	62.9% (73)	116
Type of People Served at the Setting		115
Only people with disabilities	59.1% (68)	
The majority of the people have disabilities	26.1% (30)	
Very few people have disabilities	14.8% (17)	

Table 1 illustrates some areas of potential concern given the HCBS Final Rule criteria. CMS notes that settings that are in a publicly or privately owned facility that provide inpatient institutional treatment fail to meet the HCBS criteria. Accordingly, 10.5 percent of residential providers responded that their settings are located in these facilities. While seemingly a small percentage, if this is applied to all residential waiver providers to estimate the impact, it means roughly 58 residential providers will no longer be permitted to provide services in the facilities they are currently in. For settings that are presumed to not be home and community-based, 30.6 percent of residential providers indicated that their setting is near other settings run by the provider for people with disabilities. By this estimate, 169 residential providers would be subject to heightened scrutiny, meaning additional evidence is needed to determine if the setting is institutional or home and community-based. Additional estimates for settings subject to heightened scrutiny include the two providers (1.7 percent) who indicated the setting was located in the same building as an educational program or school. Finally, 59.1 percent of providers indicated they served only people with disabilities, and 26.1 percent of providers answered that the majority of people that they serve have disabilities.

Two remaining questions—if the setting is near other residences and if the setting is near other businesses—were used as indicators to help determine the level of interaction between participants and the broader community. The majority (94.9 percent) of providers indicated the setting is near other residences, and 62.9 percent indicated the setting was near other businesses. Short of specific guidance from CMS, it appears the state should focus on other more tangible criteria with respect to settings subject to heightened scrutiny.

Control Personal Resources

The HCBS Final Rule also stipulates that the setting should provide opportunities for participants to control personal resources. The providers were asked a series of questions regarding this issue and the results are presented in Table 2.

Table 2. Providers on Participants Managing Finances

Financial Questions	Percentage (Frequency)
Individuals are allowed to have their own bank accounts that they manage (N=116):	
Yes	77.6% (90)
No	3.4% (4)
Individuals do not have bank accounts	19.0% (22)
Individuals are required to have a representative payee to live in the setting (A representative payee is an individual or organization named by the Social Security Administration to handle another's social security benefits.) (N=106):	
All individuals must have representative payee	29.2% (31)
Only some individuals must have representative payee	34.0% (36)
No individuals are forced to have a representative payee	36.8% (39)

The results indicate that this is an area that may need to be addressed to ensure providers are encouraging participants to achieve a suitable level of control over their personal finances. Both questions were indicators for the criteria that participants be supported in controlling their personal resources. Of providers, 77.6 percent indicated that participants are allowed to have bank accounts that they manage themselves, and 19.0 percent indicated that participants did not have bank accounts at all. With respect to representative payees, 29.2 percent of providers responded that all participants must have a representative payee to live in their setting, 34.0 percent

indicated at least some individuals must have representative payees, and 36.8 percent noted that no individuals are forced to have a representative payee.

While it is a justified concern that not all participants have the necessary skills to manage their finances, this must be weighed against preconceived ideas and misconceptions. At a minimum, blanket policies that force representative payees on all participants as a condition of service need to be reviewed.

Participants

A total of 646 participants responded to the survey. Of the 646 participants, 71 indicated they lived in an assisted living unit, 186 indicated they lived in a group home/alternative living unit, 205 indicated it was neither an assisted living unit or a group home/alternative living unit, 6 indicated they did not know, and 178 did not answer the question. Results specific to participants are presented below, followed by comparisons of participants' answers to those of providers and case managers on the same questions to see where there are similarities and where there are differences.

Employment, Engagement in Community Life, and Control of Personal Resources

The Final Rule criteria state that settings should provide opportunities for participants to work in competitive, integrated environments, engage in community life, and control personal resources. Competitive employment refers to one earning at least the minimum wage or wages similar to non-disabled persons in the same job and paid directly by the employer. Integrated employment is when individuals with severe disabilities working in an environment where the majority of employees do not have disabilities.[8]

Table 3 addresses several employment indicators to assess the criteria set forth in the Final Rule, as well as community engagement and control of personal finances.

Table 3. Participant Employment Issues, Engagement in Community Life, and Finances

Question	Percentage (Frequency)	N
Participants indicating they are employed outside of the home	38.7% (241)	622
Participants' description of the type of people they work with		198

[8] http://www.dol.gov/odep/topics/WIOA.htm

Question	Percentage (Frequency)	N
Most of them have disabilities	32.3% (64)	
Some of them have disabilities	33.3% (66)	
No one else has disabilities except me	15.7% (31)	
Don't know	18.7% (37)	
Participants indicating they get a paycheck from their employer	87.7% (143)	163
Participants indicating they get paid minimum wage or higher	64.9% (109)	168
In charge of my own banking (I manage my own checking and/or savings account)		471
Yes	25.5% (120)	
No	60.7% (286)	
I do not have a bank account	13.8% (65)	
How many days per week do you get to the community? (For example, to go shopping, attend religious services, eat at restaurants, etc…)		529
0 days	9.1% (48)	
1-2 days	34.8% (184)	
3-4 days	25.0% (132)	
5-7 days	31.2% (165)	

Of those participants surveyed, 38.7 percent indicated they are currently employed outside of the home. Maryland's labor force participation among people with disabilities is therefore higher than the national average of 20.0 percent in October of 2014.[9] When those participants who indicated they were working were also asked to describe the type of people they work with, 15.7 percent responded that they were the only person who had disabilities, which indicates that there is still work to be done to achieve an integrated employment setting, 64.9 percent of those working stated they earn the minimum wage or higher, again indicating that there is work to be done to obtain a competitive employment setting. It is also important to note that 87.7 percent of participants reported getting their paycheck from their employer, an important indicator of competitive employment.

Controlling personal resources is another criterion set forth in the Final Rule. The question "Are you in charge of your banking? (For example, you manage your checking and/or savings account.)" was used as an indicator. Among participants who responded to the question, 25.5 percent indicated they were in charge of their banking, while 60.7 percent stated they were not in charge of their banking, and 13.8 percent indicated the question was not applicable to them because they did not have a bank account. This question is slightly different from the providers' question, which asked if individuals were allowed to have their own bank accounts that they manage, which may explain why the providers' percentage was so much higher at 77.6 percent. This indicates participants are *allowed* to have their own bank accounts that they manage, not necessarily that they are actually managing their own bank accounts.

The question "How many days per week do you get to the community? (For example, to go shopping, attend religious services, eat at restaurants, etc…)" was used as an indicator for level of engagement in community life. While there is no exact number of days per week that is indicative of engagement since it should be based on personal choice, 9.1 percent of respondents reported that they had not gone to the community to shop, attend a religious service, eat at a restaurant, etc.

Providers and Participants

Involvement and Access to the Community, and Rights of Privacy, Respect, and Control

Providers and participants were asked a series of questions regarding involvement and access to the community, and the participants' rights of privacy, respect, and control. The specific criteria the questions were based on are as follows:

1. The HCBS setting provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.
2. The HCBS setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

[9] http://www.dol.gov/odep/

Tables 4 and 5 display the results of these questions.

Table 4. Involvement, Access to the Community, and Employment Support

Question	Yes			
	Participants		Providers	
	Percentage (Frequency)	N	Percentage (Frequency)	N
Information is given to participants about community activities by service providers	71.9% (387)	538	97.3% (110)	113
Access to public transportation is available	48.2% (253)	525	72.2%* (78)	108
Staff are available to take participants to non-health related activities	68.1% (357)	524	87.1% (101)	116
Participants indicate they received help getting their job	57.4% (112)	195	62.4% (68)	109

*exact wording: "Is public transportation accessible from the setting?"

Table 5. Rights of Privacy and Respect

Question	Yes			
	Participants		Providers	
	Percentage (Frequency)	N	Percentage (Frequency)	N
Participants are able to get assistance from staff in private	83.0% (382)	460	96.6% (113)	117
Information about filing a complaint is posted in an easy-to-find location	54.0% (236)	437	86.0% (98)	114
Participants are able to make a complaint without providing their name	62.9% (261)	415	94.8% (110)	116
Participants are spoken to in a respectful manner	91.6% (424)	463	100.0% (117)	117

In Table 4, 71.9 percent of participants indicated that information about community activities is given to them from their service providers, while 97.3 percent of providers indicated this information is given to participants. With respect to access to transportation, 48.2 percent of participants indicated that they are able to access public transportation, while 72.2 percent of providers indicated there is public transportation accessible from their setting. Providers and participants differ with respect to staff being able to take participants to non-health related activities, but they are similar in their reporting of employment help provided to participants.

As Table 5 shows, participant and provider responses are similar for one question regarding privacy and respect but vary for the others. Regarding speaking to participants in a respectful manner, participants and providers are relatively close, at 91.6 percent and 100.0 percent, respectively. However, 83.0 percent of participants reported being able to receive assistance from staff in private while 96.6 percent of providers reported that this is done. With respect to being able to file complaints, only 54.0 percent of participants indicated the process was posted in an easy-to-find location, compared to 86.0 percent of providers. In terms of filing a complaint without providing one's name, 62.9 percent of participants indicated this was possible, compared to 94.8 percent of providers. These differences may be due to providers reporting policy and the participants reporting based on their perception of what is occurring in the field.

Rights of Privacy, Choice, and Independence in the Residential Setting

Providers and participants were asked a series of similar questions regarding the criteria specific to provider-owned or controlled residential settings. Participants indicating they did not live in an assisted living unit or a group home/alternative living unit (N=205) or who did not answer the question (N=178) were excluded from the analysis, leaving 263 participants.

The criteria the survey questions were based on are as follows:

1. Specific unit/dwelling is owned, rented, or occupied under legally enforceable agreement
2. Same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city, or other designated entity
3. If tenant laws do not apply, state ensures lease, residency agreement, or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law
4. Each individual has privacy in their sleeping or living unit
5. Units have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed
6. Individuals sharing units have a choice of roommates

7. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement
8. Individuals have freedom and support to control their schedules and activities and have access to food any time
9. Individuals may have visitors at any time
10. Setting is physically accessible to the individual

There were also questions reflecting the criteria that the settings optimize individual initiative, autonomy, and independence in making life choices.

Table 6 contains the results from these questions.

Table 6. Right of Privacy, Choice, and Independence in Residential Setting

Question	Yes			
	Residential Participants		Providers	
	Percentage (Frequency)	N	Percentage (Frequency)	N
Entrance doors to unit lock	88.0% (228)	259	80.5% (91)	113
Only the necessary staff have keys to the unit's entrance door	89.6% (199)	222	85.3% (87)	102
Participants are able to lock bedroom door	61.5% (134)	218	81.6% (84)	103
Participants are able to lock bathroom door	70.6% (178)	252	85.8% (97)	113
Participants have access to a phone, computer, or other like items to have private conversations at any time	79.2% (198)	250	98.2% (111)	113
Participants were given the choice of a private unit	45.3% (115)	254	79.6% (90)	113
Participants with roommates were able to choose their roommate	40.9% (65)	159	81.0% (64)	79
Participants given a lease or other similar document describing their rights in the event of an eviction	38.2% (89)	233	69.2% (74)	107
Participants have access to food at any time	71.9% (182)	253	64.2% (70)	109
Participants are allowed to eat anywhere they want	58.0% (145)	250	66.4% (73)	110
Participants are able choose their clothing each day	86.9% (218)	251	96.4% (106)	110

Question	Yes			
	Residential Participants		Providers	
	Percentage (Frequency)	N	Percentage (Frequency)	N
Participants are able to choose how to groom themselves each day	83.8% (207)	247	85.5% (94)	110
Participants are able to decorate their own space as they wish	92.8% (232)	250	96.4% (106)	110
Participants are able to come and go from the unit at any time	55.3% (136)	246	72.6% (77)	106
Participants are allowed to have visitors at any time	93.8% (180)	192	85.7% (90)	105
Private space is available to meet with visitors	91.2% (198)	217	96.2% (102)	106
There are barriers present that prevent participants from getting to all areas in the unit	20.0% (50)	250	30.8% (32)	104

There are several questions to which a similar percentage of participants and providers responded in the affirmative (within 8 percentage points), including entrance doors locking, only the necessary staff having keys, participants having access to food at any time and being able to eat anywhere they want, participants being able to groom themselves and choose their own clothing every day, participants being able to decorate their own space, participants being allowed to have visitors at any time, and participants having a private space to meet their visitors. Of note within these criteria are that 80.5 percent of providers indicated that the entrance doors lock; of those, 85.3 percent indicated that only the necessary staff have keys. In terms of access to food, participants and providers are close in their pattern of responses; 71.9 percent of participants note that they have access to food at any time, and 64.2 percent of providers indicate participants have access to food at any time. Looking at individual autonomy, the question regarding the participants' ability to choose how to groom themselves each day resulted in 83.8 percent of participants responding "yes" and 85.5 percent of providers responding "yes." Finally, 85.7 percent of providers indicated that participants are allowed to have visitors at any time, while 93.8 percent of participants replied they are allowed to have visitors at any time.

Many of the remaining questions illustrated a bigger difference between participants and providers. For instance, the questions regarding the ability to lock one's bedroom door and the bathroom door are indicators about whether the individuals have privacy in their sleeping or living units. Of providers, 81.6 percent indicated participants are able to lock the bedroom door, while only 61.5 percent of participants indicated they are able to do so. Being able to lock the bathroom door also elicited a difference between providers (85.8 percent) and participants (70.6 percent). Finally, the ability of participants to use a phone, computer, or other like item to have private conversations at any time indicates privacy as well as autonomy, and there were again differences between providers (98.2 percent) and participants (72.2 percent).

Additional areas that appear to be of concern with respect to the criteria are participants being given a choice of a private unit (participants: 45.3 percent, providers: 79.6 percent); participants being able to choose their roommate (participants: 40.9 percent, providers: 81.0 percent); and participants being able to come and go as they wish, which indicates independence in making life choices and controlling one's own schedule (participants: 55.3 percent, providers: 72.6 percent). Finally, 69.2 percent of providers indicated that participants were given a lease or other similar document, while only 38.2 percent of participants noted signing such a document. It is possible the participant percentage is lower because they were asked if they signed a lease versus being given a lease (as the providers were asked).

A final question about privacy touched on the use of cameras. When asked, 12.4 percent of providers responded that cameras are used in the unit to monitor residents. Participants were not asked a similar question. To protect privacy, it is important to understand when and why cameras are used, as well as the policies in place surrounding their use.

It is important to note that several of the criteria that are at 85 percent in the affirmative (yes) or below are criteria that can be modified if necessary based on individual need. Any changes to privacy items (for example, doors that lock), access to food, and the freedom to control one's own schedule or have visitors at any time would need to be documented in the participant's person-centered plan with the justification as to why a modification is necessary.

Participant and Case Manager Brief Comparison

Participants and case managers were both asked several of the same questions about the person-centered planning process and participants' service preferences. While person-centered planning is already supposed to be in effect, it is important to gain an understanding of any similarities or differences between these two groups, as the state is interested in developing technical assistance tools and procedures for on-going monitoring. Of note, the Final Rule criteria state that "settings are selected by the individual from among options, including non-disability specific settings and an option for a private unit in a residential setting; further, person-centered service plans document the options based on the individual's needs, preferences, and for residential settings, the individual's resources."

Table 7 illustrates the results from the questions asked about participants' services preferences.

Table 7. Participant Service Preferences Compared

Participant Service Preferences				
	Participant		Case Manager	
	Percentage (Frequency)	N	Percentage (Frequency)	N
Participants informed of services eligible to receive	65.3% (409)	626	94.3% (150)	159
Participants informed of options for service providers	69.1% (432)	625	94.3% (148)	157
Participants choosing service providers		624		157
Participants choose all of their service providers	58.8% (367)		77.7% (122)	
Participants choose some of their service providers	25.0% (156)		20.4% (32)	
Participants did not choose any of their service providers	16.2% (101)		1.9% (3)	
Participants know how to request a new service provider	61.1% (384)	628	85.2% (127)	149

When participants meet with their case managers to develop their person-centered plan, they are supposed to be informed of all of the services they are eligible for and the provider options for those services. Of case managers, 94.3 percent responded that participants are informed of all of the services for which they are eligible, while 65.3 of participants reported getting this information. The pattern is similar regarding information about service provider options: 94.3 percent of case managers replied participants are informed of their provider options, while 69.1 percent of participants reported being informed.

Additionally, participants should be choosing their service providers and should be informed of the process to request a new service provider. Of case managers, 77.7 percent indicated that participants choose all of their service providers, while 58.8 percent of participants indicated they choose all of their service providers. With respect to knowing how to request a new service provider, 85.2 percent of case managers reported participants know how to do this, while 61.1 percent of participants indicated they knew how.

Summary of Comment Sections

As noted earlier, there were 152 comments from participants, 32 from providers, and 43 from case managers. Comments of "none" and "no comments at this time" were excluded from the final analysis. The comments were categorized into the following categories: HCBS Final Rule requirements (66 comments), services and service delivery (28 comments), satisfaction with provider (11 positive and 4 negative comments) requests for assistance (12 comments), general (33 comments), and survey instrument (65 comments). There were times the comments were categorized into multiple categories.

Table 8 provides examples of each type of comment category, with comments presented as they were written.

Table 8. Examples of Comments by Type of Respondent and Category

Category	Type of Respondent	Comment
HCBS Final Rule	Participant	Individual with severe autism with long history of elopement and SIBs (self-injurious behaviors). It would be unsafe to lock bedroom doors, use the stove, or to leave the residence without staff. Also required to wear shoes and coat in winter for health and safety.
	Provider	We try to make our facility as home like as possible and give residents as much independence as possible without comprising their health or safety of themselves or others.

Category	Type of Respondent	Comment
Services and service delivery	Case Manager	Some of these questions do not address the communication barriers that I face with deaf individuals. The language that the plan is written in might not be understood by the individual. The deaf individual does not have a lot of options for which agency provides services for them that meet their communication needs.
	Participant	Some family caregivers spend more than 40 hours a week providing care to loved ones, which is the equivalent of a full time job. Another family caregivers may spend 20-39 hours assisting loved ones in need of care. New Directions waiver allow the recipient a special program which allow them to self direct their funds and compensate the natural support, or anyone else, to provide the in-home care. THIS ASPECT OF THE WAIVER SHOULD REMAIN IN EFFECT FOR THE STATE OF MD.
Satisfaction with provider: Positive	Participant	The quality of life and level of help is very dependent on excellent staff from the agency provider. I am lucky that at this moment in time I have good staff support who really cares about the clients. It may not always be that way.
Satisfaction with provider: Negative	Participant	Just because I'm mentally alert at 96, they treat me like I don't need assistance in doing things. Everything seems like it's a big chore for them to do.

Category	Type of Respondent	Comment
Requests for assistance	Participant	I as caregiver have an EXTREMELY difficult time with the requalification process that must be done EVERY YEAR. My participant is not suddenly going to regain her sight, become 20 years younger, be able to return to work, and after a point having to repeat this process is demeaning. My participant has no living family so if something happens to me no one is willing to take this process over for her. AND Social Security refuses to acknowledge my Power of Attorney and it is VERY difficult to get the necessary information from them. The social worker who is supposed to help me with certain tasks REFUSES to help.
	Participant	Want to relocate to my family home's vicinity; yet, no one will assist me.
Survey instrument comments	Participant	Some questions do not take into account person’s abilities or cognitive level.
	Provider	It was difficult to definitively state yes or no to some questions as we serve a wide range of individuals from total care/profound ID to independent, including four apartments for the elderly and medically fragile that are staffed with CNAs.
General comments	Provider	All of our Individuals have one on one support.
	Case Manager	Plan Participant is mildly mentally challenged and sometimes becomes frustrated with so much data collection and very slow action on that information.

Limitations

A limitation of the participant and provider surveys was that they grouped multiple waiver populations together. While the questions were based on the HCBS settings Final Rule criteria, with which all waivers must comply, the questions did not account for the diverse waiver populations that are served in the state of Maryland. Any further assessments may need to be done for specific waiver groups. Additionally, it may also be necessary to investigate how to account for differences in functional levels and abilities when surveying participants in order to achieve a true picture of their service experiences.

The majority of the answer choices were limited to yes/no in order to get rough estimates of potential trouble areas. Future assessments should allow respondents more flexibility in their answer choices, particularly to account for providers who have multiple sites that may be run differently. Alternatively, future assessments could require that providers assess each site.

Missing data was an issue across all three surveys, which is most likely a reflection of the items noted above. In addition, while there were multiple drafts of the surveys completed to reduce the number of questions, they were still long, which may have led to people skipping questions; routinely the lowest percentage of missing data occurred on the first question and the highest on the last question.

Given these limitations, the surveys still accomplished their intent, which was to begin the process of determining what HCBS residential settings look like in the Maryland. For example, there are providers who noted their settings are institutional—this is not allowed under the Final Rule. Additionally, participants' choice of living arrangements and access to food are also areas that need further assessment.

Discussion and Next Steps

Next steps should include prioritizing the following areas; those settings that may be in institutions, settings that may be isolating to participants (multiple provider settings close to each other and settings that serve only those with disabilities), and settings with criteria that had lower affirmative response rates (such as access to food, locking the front door, and lease issues). The methods for further assessment also need to be determined. For instance, 12 (10.5 percent of) providers indicated they served people in settings that are not allowed under HCBS (a setting in a publicly or privately owned facility that provides inpatient institutional treatment). These settings should be a top priority for additional assessment—potentially via a site visit—to determine if this is truly the case.

There were also provider settings that met some of the criteria for settings presumed not to be home and community based. These may also need further assessment to determine what is occurring in the field. Of providers, 30.6 percent indicated their settings were near other settings run by the provider for people with disabilities. If used as an estimate for settings potentially subject to heightened scrutiny, roughly 169 residential providers would need to be further evaluated. Additional criteria regarding heightened scrutiny

includes settings designed specifically for people with disabilities and that serve primarily individuals with disabilities. A majority of providers responded in the affirmative to these questions, which could simply mean additional information may need to be gathered demonstrating how participants are integrated into the community.

An individual's control of their personal resources is another area that needs further study, as 29.2 percent of providers indicated all individuals residing in their settings had to have a representative payee, which seems contradictory to the Final Rule criteria. Additionally, only 25.5 percent of participants indicated they are in charge of their own banking.

When it comes to community access and involvement, transportation appears to be an issue, with 72.2 percent of providers indicating public transportation is accessible from their setting and only 48.2 percent of participants indicating they have access to public transportation.

In terms of privacy and autonomy, there seems to be discord between participants and providers regarding filing complaints. While 86.0 percent of providers report that information about filing a complaint is posted in an easy-to-find location, 54.0 percent of participants responded in the same manner. Additionally, 62.9 percent of participants indicated they could make a complaint without providing their name, while 94.8 percent of providers responded this was possible. This could simply be a matter of clarifying policy.

Additional areas of concern in residential settings are signing a lease, choice of private room, choice of roommate, privacy, food, and barriers placed. The majority (69.2 percent) of providers indicated participants were given a lease, while 38.2 percent of participants indicated they signed a lease. There were also differences regarding participants being informed about a choice of a private room (participants: 45.3 percent; providers: 79.6 percent) and participants choosing their roommate (participants: 40.9 percent; providers: 81.0 percent). With respect to privacy, a few providers (12.4 percent) indicated that cameras were used to monitor residents. The Final Rule does not forbid this practice, but when and why camera use occurs and the policies surrounding it may need to be addressed. While locking the entrance door is a specific item in the Final Rule that 80.5 percent of providers indicated was occurring, there were significant differences between providers and participants regarding locking bedroom and bathroom doors. The Final Rule does not state bathroom and bedroom doors need to lock, but providers do need to ensure privacy, whether that be participants being able to lock those doors or the assurance of people knocking and asking for permission to enter. With respect to access to food, 64.2 percent of providers indicated food was accessible at any time. Finally, 30.8 percent of providers indicated barriers are present that prevent participants from getting to all areas of the unit.

The reason for non-adherence in some areas may be due to the participants' level of functioning and the need for safety. Providers made the following observations:

"There are some exceptions based on individuals' special needs, for example a basement door may be kept locked if the staircase represents a risk of falls to the residents and the basement is not used as living space, and some individuals may have limited access to use of the kitchen due to safety concerns. Residential agreements do not include information specific to eviction rights because providers are not permitted to discharge a resident in the absence of advance approval from DDA."

"For some areas, limitations are imposed due to the individuals' inability to safely negotiate their environment or use appliances such as stoves and ovens, or individually manage bank accounts. Most of the individuals in this program are diagnosed with severe to profound intellectually disability and require total care."

"We may place a gate or a chain across stairs to keep a wheelchair from falling down the steps. It's a barrier for safety, not to restrict an individual's rights. Individuals we serve have ID/DD and may not safely be able to come and go, or have visitors whenever they choose. Again, this is a safety issue that may vary from person to person."

What is especially important in the last comment is that policies may vary from person to person. As further assessments are conducted, it is important to remember that the Final Rule allows for modifications on an individual basis. That said, blanket policies regarding limited access to food or no locks on entrance doors would be contradictory to the Final Rule.

It is also important to remember that the intent of the Final Rule is to ensure participants are integrated into the community. In addition, participants' wants and needs should be paramount in this process. One participant expressed the following:

> I prefer to be in a group home with housemates who do not hurt me, with many people to interact with (or a dormitory with my own room), but I feel that regulations are forcing me into an apartment alone, with nobody nearby to talk to. Don't take away my preference of a house with three to six people like me, with church and neighbors around nearby.

In the efforts to ensure integration, it is important to make sure participants are integrated in ways that are comfortable to them.

Moving forward, potential next steps could include in-depth provider assessments that are specific to the different waivers, as well as the development of tool to conduct site visits. Depending on the participant waiver group, focus groups may prove to be a better method to illicit feedback in the future. Educational materials regarding provider expectations may also need to be developed. Finally, a process of oversight will need to be created to ensure that when compliance with the Final Rule is achieved, it continues.

References

Centers for Medicare and Medicaid Services. (2014, January). *Exploratory questions to assist states in assessment of residential settings*. Retrieved from http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-re-settings-characteristics.pdf

Indiana's Family and Social Services Administration. (2014, July). *Indiana preliminary transition plan for assessing DDRS' HCBS setting compliance.* Retrieved from http://www.in.gov/fssa/files/HCBS_Transition_Plan_FINAL_7_3_2014.pdf

State of Nevada Department of Health and Human Services Division of Health Care Financing and Policy. (2014, May). *HCBS settings assessment form*. Retrieved from https://dhcfp.nv.gov/HCBS/6.%20Settings%20Assessment%20Form%204.11.14.pdf

Tennessee's Long Term Services and Supports. (2014, July). *Individual experience assessment*. Retrieved from http://tn.gov/tenncare/forms/IndividualExperienceAssessment.pdf

Tennessee's Long Term Services and Supports. (2014, July). *Person-centered planning assessment*. Retrieved from http://tn.gov/tenncare/forms/TNPCPAssessment.pdf

Tennessee's Long Term Services and Supports. (2014, July). *TN residential provider self-assessment*. Retrieved from http://tn.gov/tenncare/forms/TNResidentialProviderSelf-Assessment.pdf

Appendix 11

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

Date 6/6/16

Dear **XXXXX**,

In January 2014, the Centers for Medicare and Medicaid Services (CMS) issued a final rule to ensure that Medicaid home and community-based services (HCBS) waiver programs provide full access to the benefits of community living and offer services in the most integrated settings to program participants.

According to the federal community settings rule all facilities must be in 100% compliance with the community settings rule before January 2019. In order to assess compliance, the Department conducted a survey. Thank you for completing the survey.

DHMH has analyzed the survey results and have determined that your responses have indicated some noncompliance with the community settings rule.

HCBS Survey

Below are the survey questions from **XXXXX** at **XXXXX** that are of concern and DHMH's clarification:

Is the site near (i.e., within 1/4 mile of) other private residences or retail businesses? (Industrial parks are not considered retail businesses.)

Being located far from other residences can indicate that a setting may be isolating. Please clarify your response to this item. 1915c: 441.301(c)(5)(v)

During a one-month time frame, on average, how frequently do members of the larger community (i.e., individuals who are not family members or friends of participants, or paid employees) visit and/or volunteer at the site?

Based on your survey response, you have indicated that your setting has the effect of isolating individuals. According to the federal rule all Medicaid HCBS recipients must have access to the broader community. 1915c: 441.301(c)(5)(v)

Were participants and/or their legal representatives given the option of a unit with a private bedroom? (This would take into account the participant's resources for room and board. "Private bedroom" means that the participant does not have roommates.)

Based on your survey response, you have indicated that your setting does not provide the option for participants to choose a unit with a private bedroom. According to the federal rule the setting must provide an option for a private unit in a residential setting. 441.301(c)(4)(ii)

Do entrance doors (i.e., the front door) to the unit(s) lock?

Based on your survey response, you have indicated that your setting does not have locks on the entrance door to the unit. According to the federal rule units must have entrance doors that are lockable by the individual, with only the appropriate staff having keys to doors. 441.301(c)(4)(vi)(B)(1-3)

Do participants have keys to their entrance door (i.e., the front door)?

Based on your survey response, you have indicated that your setting does not provide participants with keys to their entrance door. According to the federal rule units must have entrance doors that are lockable by the individual. 441.301(c)(4)(vi)(B)(1-3)

Do participants have the freedom to come and go as they wish?

Based on your survey response, you have indicated that your setting does not allow participants to come and go as they wish. According to the federal rule each participant must have the freedom and support to control their own schedules and activities. 441.301(c)(4)(vi)(c)

Are participants able to have visitors at any time of the day (i.e., 24 hours a day)?

Based on your survey response, you have indicated that your setting does not allow participants to have visitors at any time of the day. According to the federal rule individuals are able to have visitors of their choosing at any time. 441.301(c)(4)(vi)(D)

Correction Action Plan

As a result of your responses, a corrective action plan (CAP) is required to be completed by your agency, unless a request for reconsideration is made within 10 days. DHMH will only reconsider if you misunderstood the question or we misunderstood your response. In your request for reconsideration, please elaborate and explain the misunderstanding. Please also include any relevant evidence.

The following must be addressed in your CAP (as applicable):

- Each item must be addressed separately.
- Identify how the facility or agency will monitor its corrective action to ensure that the practice is corrected and include the responsible person.
- Identify the date of implementation and the expected date of completion. Full compliance with the HCBS rule is not required until January 2019; however we need to know your plan and timeline for compliance.
- Indicate what has been done to address this matter.
- If you need to make modifications for any individual, please refer to the enclosed document about modifications.
- Identify any data that will be collected to indicate that corrective actions have achieved the desired outcomes.
- Sign and date the CAP.
- Please include staff members assigned for action items. Your CAP is due to the Office of Health Services by **August 5, 2016**.

Please send your request for reconsideration or your CAP to DHMH.HCBSSetting@Maryland.gov or by mail to

Attn: Community Settings

Department of Health and Mental Hygiene

201 W. Preston Street, Room 124

Baltimore, MD 21201

If you have any questions about the community settings rule or this letter, please e-mail DHMH.HCBSSetting@Maryland.gov or call 410-767-1820 or 410-767-5234. Thank you in advance for your prompt attention and cooperation.

Sincerely,

Rebecca Oliver, MPA, JD

Health Policy Analyst Advanced

Office of Health Services

Maryland Medicaid Program, DHMH

201 West Preston Street

Baltimore, Maryland 21201

Appendix 12 Facility Based CSQ

Facility based day programs

1. Access to the greater community:
    a. Does the participant have the opportunity to seek employment? Yes☐ No☐
    b. Is the client able to engage in community life? Is the client able to go out into the community during the day if they want to?
    Yes☐ No☐
2. Rights:
    Is there a system that ensures the participant's rights of privacy, dignity and respect?
    Yes☐ No☐
    a. Were these systems reviewed with the participant? Yes☐ No☐
    b. How are the participant's rights of privacy, dignity, and respect ensured?

    c. Does the day program appear free of coercion or restraint? Yes☐ No☐
    d. How is freedom of coercion and restraint ensured?

3. Does the participant feel they are independent in making choices about what they want to do during the day?
    Yes☐ No☐
4. Can the participant choose who provides their services in this setting? Yes☐ No☐
5. Are participants informed about freedom of choice of providers and given options to change their services if they desire?
    Yes☐ No☐
6. Does the participant control their own schedule? Yes☐ No☐
7. Is the setting physically accessible for the participant? Yes☐ No☐

Please explain how you have verified 1-8

Appendix 13 Residential Based CSQ

Please answer the following questions regarding the applicant/participant's community residence.

Is the residence:

1. A home owned or leased by the individual or their family member? Yes☐ No☐
2. An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control?
3. Yes☐ No☐
4. Other shared housing, not owned or controlled by a provider, chosen by the individual with a lease or other legally binding agreement? Yes☐ No☐

If no to all of the above questions, treat the setting as a provider owned or controlled setting and answer the following:

1. Access to the greater community:
    a. Does the participant have the opportunity to seek employment? Yes☐ No☐
    b. Is the client able to engage in community life? Yes☐ No☐
    c. Does the participant have control over personal resources? Yes☐ No☐
2. Did the participant choose the residence? Yes☐ No☐
3. Rights:
    a. Does the participant feel that their rights of privacy, dignity and respect are being met? Yes☐ No☐
    b. How are the participant's rights of privacy, dignity, and respect ensured?

    c. Does the residential situation appear free of coercion or restraint? Yes☐ No☐
    d. How is freedom of coercion and restraint ensured?

4. Does the participant feel they are independent in making life choices (with or without the assistance of a chosen representative)?
   Yes☐ No☐
5. Can the participant choose who provides their services in this setting? Yes☐ No☐
6. Are participants informed about freedom of choice of providers and given options to change their services if they desire?
   Yes☐ No☐
7. Does the participant have a lease or other legally enforceable agreement? Yes☐ No☐
8. Privacy:
   a. Can the participant lock their door? Yes☐ No☐
   b. Did the participant have a choice in their roommate or private room if they can afford one?
      Yes☐ No☐
   c. Does the participant have the freedom to decorate? Yes☐ No☐
9. Freedom:
   a. Does the participant control their own schedule? Yes☐ No☐
   b. Does the participant have access to food at any time? Yes☐ No☐
10. Can the participant have visitors at any time? Yes☐ No☐
11. Is the setting physically accessible for the participant? Yes☐ No☐
12. Does the participant interact with community members who do not receive services?
    Yes☐ No☐

Please explain how you have verified 1-12

13. Number of unrelated people living together at this address or in this setting

14. Do others receive services or supports in this setting? If yes please describe

<u>If any of the above answers to questions are no, please provide documentation in the Plan of Service or IEP/ Person Centered Plan that:</u>

1. Identified a specific and individualized assessed need to support modifications to the HCBS conditions.
2. Shows the positive intervention and supports used prior to modifications to the person-centered service plan.
3. Identifies less intrusive methods for meeting the need that have been tried but did not work.

4. Includes a clear description of the condition that is directly proportionate to the specific assessed need.
5. The Plan of Service, filled out by the supports planner, must:
    a. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
    b. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
    c. Include the informed consent of the individual.
    d. Include an assurance that interventions and supports will cause no harm to the individual.

Appendix A. Case Manager Survey Results

As noted at the beginning of this report, the case manager survey was conducted to help determine what is currently happening in the field with respect to the process of person-centered planning and person-centered plans. Of the 187 respondents, 61.7 percent served participants in the Community Pathways Waiver, 25.3 percent served participants in the Autism Waiver, 11.1 percent served individuals in the HCBOW, and 1.9 percent served individuals in the Traumatic Brain Injury Waiver. One of the requirements of person-centered planning is that it be conflict-free, meaning service providers should not be writing the service plans for individuals to whom they are providing services. Rather, a separate entity (the case manager, resource coordinator, supports planner, etc.) should be writing the plan. The following criteria have also been codified by the Final Rule with respect to person-centered planning:

1. Driven by the individual
2. Includes people chosen by the individual
3. Provides the necessary information and support to ensure that the individual directs the process to the maximum extent possible
4. Is timely and occurs at times/locations of convenience to the individual
5. Reflects cultural considerations and uses plain language
6. Includes strategies for solving disagreement
7. Offers choices to the individual regarding services and supports the individual receives and from whom
8. Provides a method to request updates
9. Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
10. Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual
11. Includes whether and what services are self-directed
12. Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others
13. Includes risk factors and plans to minimize them
14. Includes backup plans and strategies when needed

15. Includes individuals important in supporting the individual
16. Includes individuals responsible for monitoring the plan
17. Is distributed to the individual and others involved in the plan
18. Includes purchase and control of self-directed services
19. Excludes unnecessary or inappropriate services and supports

Table 9 summarizes the results of the case manager survey.

Table 9. Case Managers: Person-Centered Planning

Question	Yes	
	Percentage (Frequency)	N
Individuals choose who participates in writing their service plans		144
Individuals pick all the participants	39.6% (57)	
Individuals pick some of the participants	43.8% (63)	
Individuals do not pick any of the participants	16.7% (24)	
Individuals pick the time of day for their service plan meetings	81.8% (121)	148
Individuals pick the location of their service plan meetings	76.2% (112)	147
Individuals are given the opportunity to ask questions when writing their service plan	96.5% (139)	144
Individuals' needs are correctly identified in the service plan	97.2% (140)	144
Individuals' choice of goals in their service plans		144

Question	Yes	
Individuals choose all of their goals	52.1% (75)	
Individuals choose some of their goals	45.8% (66)	
Individuals do not choose any of their goals	2.1% (3)	
Individuals' strengths are identified in their service plans	90.3% (130)	144
Items are identified in the service plan to lower any risks identified in their risk assessment		145
Yes	62.1% (90)	
No	4.1% (6)	
Does not apply. Risk assessments are not completed.	33.8% (49)	
Service plans are written in plain language that the individual understands	90.3% (130)	144
Individuals' service plans include how paid providers will assist them in reaching their goals	86.6% (123)	142
Individuals' service plans include how unpaid providers will assist them in reaching their goals	67.8% (97)	143
Individuals are able to request a time to update their service plans, outside of annual reviews	92.9% (131)	141
The person responsible for monitoring the service plan is documented in the plan	97.2% (137)	141
Individuals are told how to make a complaint if they do not agree with their plan	77.8% (112)	144

Question	Yes	
Individuals are given a copy of their service plan	94.4% (136)	144
Service providers sign the service plans for individuals to whom they provide services	86.3% (120)	139

There are several areas for which a high percentage of case managers reported in the affirmative, including individuals are given the opportunity to ask questions when writing their service plan (96.5 percent); individuals' needs are correctly identified in the plan (97.2 percent); individuals' strengths are identified in their service plans (90.3 percent); service plans are written in plain language that the individual understands (90.3 percent); individuals are able to request a time to update their service plans outside of annual reviews (92.9 percent); the person responsible for monitoring the service plan is documented in the plan (97.2 percent); and individuals are given a copy of their service plan (94.4 percent). While it is promising that the percentages are high, there is a concern that the percentages are a reflection of policy and not what is going in reality. For instance, one case manager provided the following comment:

> I would say our policy is to require many of these processes, but I believe reality falls very short, especially given the number of new resource coordinators across the system. I also believe the element of provider education severely limits the coordinator's efforts, even if the intent is to follow the policy. In the end, service providers do not believe the service plan must come from the coordinator, nor do they agree to services that they don't agree to (said on purpose to make a point). We still have providers mandating what the plan will include. There is a critical need to help providers understand their role, as well as the role of the coordinator, in planning, or we will never move closer to person-centered/directed planning.

It is apparent from this case manager's comment that the intent and desire is present to do the best job possible on behalf of the client, but assistance is needed in educating all parts of the system regarding what person-centered planning involves, including it being conflict-free. Another comment from a case manager stated, "As a service coordinator I could not speak to most of these questions because I do not participate in treatment plan meetings, or write the plans themselves." This again points to the need for education regarding person-centered planning across the system.

There were also several areas where the affirmative responses are low. For instance, 62.1 percent of case managers reported that items from the risk assessment are identified in the service plan. In addition, 33.8 percent of case managers reported that risk assessments are not completed. This is especially cause for concern when the completion of risk assessment is included in the waiver application.

Other areas of low response included documenting how unpaid providers would assist participants in reaching their goals (67.8 percent) and participants being told how to make a complaint if they do not agree with their plan (77.8 percent).

Appendix 14: OHS crosswalked HCB setting requirements with the available corresponding NCI data to further aid in our preliminary understanding of DDA settings.

New HCBS Requirements	NCI Data Supporting requirements	Consumer Survey Report		
I. HCB Setting Requirements	**NCI Data**	**Topics**	**Maryland**	**NCI Avg.**
Is integrated in and supports access to the greater community	·If person interacts with neighbors ·Extent to which (frequency and with whom) people do certain activities in the community: shopping, errands, religious practice, entertainment, exercise, vacations, meetings ·If people are supported to see friends and family when they want ·If people have a way to get places they want to go ·Whether the individual has friends or relationships other paid staff or family ·If person participates in unpaid activity in a community-based setting ·If person has a paid job in the community	• Went out shopping in the past month • Went out on errands in the past month • Went out for entertainment in the past month • Went out to eat in the past month • Went out to religious services in the past month • Went out for exercise in the past month • Went on vacation in the past year • Can see family • Can see friends • Always has a way to get places • Has paid job in the community	89% 88% 75% 81% 49% 72% 64% 90% 83% 82% 29%	87% 83% 71% 83% 48% 85% 45% 80% 78% 83% 16%

Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources	a. Employment - ·If person has a job in the community ·If person has a paid job in the community ···Number of hours worked or spent at this activity during the two week period ···Total gross wages (before taxes or deductions) earned at this activity during the two-week period ···Does this person get publicly-funded services or supports to participate in this activity? ···Is the job or activity done primarily by a group of people with disabilities ·If person does not have a job in the community, do they want one ·Of people employed, if they like their job and if they want a different job ·If person has integrated employment as a goal in their service plan ·If person participates in unpaid activity in a community-based setting	• Has a paid job in the community • Average bi-weekly hours: ○ Individually-supported ○ Competitive ○ Group-supported • Average bi-weekly gross wages; ○ Individually-supported ○ Competitive ○ Group-supported • Wants a paid job in the community • Likes paid community job • Wants to work somewhere else • Has community employment as a goal in service plan • Volunteers	29% 2.4 N/A 29.7 N/A N/A N/A 60% 92% 28% 39% 41%	16% 24.2 28.5 31.9 N/A N/A N/A 49% 93% 30% 25% 32%

Ensures the individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS	·If person can decide how to spend his/her own money ·Does your family member have enough support (e.g., support worker, community resources) to work or volunteer in the community? (FGS, Community Connections) ·Does your family member know how much money is spent by the ID/DD agency on his/her behalf? (FGS, Choice and Control) ·Does your family member have a say in how this money is spent? If yes, does your family member have all the information s/he needs to make decisions about how to spend this money? (FGS, Community connections.)	• Chooses how to spend money • Knows how much money is spent by the ID/DD agency on his/her behalf • Has a say in how money is spent • Has all information needed to decide how to spend money	85% 12% 28% 96%	87% 19% 31% 90%

Allows full access to the greater community	·Extent to which (frequency and with whom) people do certain activities in the community: shopping, errands, religious practice, entertainment, exercise, vacations, meetings ·If person wants to go somewhere, do they always have a way to get there ·Does your family member participate in community activities (such as going out to a restaurant, movie, or sporting event)? ·If No, why? lack of transportation, cost, lack of support staff, negative attitudes from community members, other	• Went out shopping in the past month	89%	87%
		• Went out on errands in the past month	88%	83%
		• Went out for entertainment in the past month	75%	71%
		• Went out to eat in the past month	81%	83%
		• Went out to religious services in the past month	49%	48%
		• Went out for exercise in the past month	8.4	6.6
		• Always has a way to get places	90%	84%
		• Family member participates in community activities	86%	93%
		• Reasons family member does not participate in community activities:	21%	
		○ Lack of transportation	21%	25%
		○ Cost	24%	19%
		○ Lack of support staff	63%	19%
		○ Negative attitudes from community members	63%	10%
		○ Other		56%

Is chosen by the individual from among residential and day options that include generic settings	· If person chose their residence, work and/or day services · Did you/your family member choose the provider agencies who work with your family · Can you/your family member choose a different provider agency if s/he wants to?	• Chose home • Chose paid community job • Chose day program or regular activity • Chose case manager/service coordinator • Chose staff	46% 82% 60% 67% 61%	51% 83% 59% 63% 65%
Respects the participant's option to choose a private unit in a residential setting	·If person chose to live alone, or chose people they live with.	• Chose roommates	49%	44%

Ensures right to privacy, dignity and respect and freedom from coercion and restraint	· If person has been treated with respect by paid providers/staff · Does person have enough privacy, can be alone with guests, whether mail/email is read without permission, if the person can use the phone/internet without restriction, and whether people ask before entering the home or bedroom. · Does person feel safe at home? At work/day program? In neighborhood? If person does not feel safe, is there someone to talk to? · AFS and FGS Satisfaction queries knowledge and use of how to file grievances and report abuse, neglect, exploitation: ··· Do you know the process for filing a complaint or grievance against provider agencies or staff? ··· Are you satisfied with the way complaints or grievances against provider agencies or staff are handled and resolved? ··· Do you know how to report abuse or neglect? ··· Within the past year, if abuse or neglect occurred, did you report it? If yes, were the appropriate people responsive to your report?	• Staff treat person with respect • Has enough privacy at home • Can be alone at home with visitors or friends • Mail or email is never read by others w/o permission • Can use phone and internet w/o restriction • Home is never entered w/o permission • Bedroom is never entered w/o permission • Never or rarely feels afraid or scared at home • Never or rarely feels afraid or scared at work, day program or regular activity • Never or rarely feels afraid or scared in neighborhood • Person has someone to go to for help if ever afraid	93% 90% 71% 77% 87% 87% 82% 81% 85% 80% 88%	93% 91% 77% 83% 89% 89% 83% 82% 86% 83% 93%

Optimizes autonomy and independence in making life choices	· Did person make decisions or did others make decisions about: where and with whom they live, where they work, what day program they attend, their daily schedule, how to spend free time, how to spend their own money, choice of case manager, and choice of staff. (ACS, Choice) · Self-direction queries suggest decision making competence building: Does person have help making decisions re budget and services; Can they change budget or services if needed; Do they have enough information about how much money is in budget; Is info easy to understand; Do they want more help with budget or choosing services (ACS, Self Directed Services) · Did you/your family member choose the individual support workers who work directly with him/her? · Can you/your family member choose different support workers if s/he wants to? (AFS & FGS Choice and Control) · Did you help develop your service plan? (ACS, Satisfaction with Services) · Whether person has a full or limited guardian (ACS, AFS & FGS Background Info)	• Chose home • Chose roommates • Chose paid community job • Chose day program or regular activity • Decides daily schedule • Decides how to spend free time • Chooses how to spend money • Chose case manager/service coordinator • Chose staff • Uses self-directed supports • Chooses individual support workers who work directly with family: ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never • Family member can choose different support workers if desired: ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never •Person helped make service plan	46% 49% 82% 60% 74% 82% 85% 67% 61% 4% 17% 21% 8% 9% 46% 48% 24% 6% 5% 17% 87%	51% 44% 83% 59% 82% 91% 87% 63% 65% 8% 31% 12% 7% 6% 45% 62% 21% 6% 3% 8% 85%

Facilitates choice of services and who provides them	N/A	N/A	N/A	N/A
II. HCBS Requirements for Provider Owned/Operated Residential Setting	**NCI Data**	**Topics**	**Maryland**	**NCI Avg.**
A lease or other legally enforceable agreement to protect from eviction	NCI does not cover this	N/A	N/A	N/A
Privacy in their unit including entrances lockable by the individual	· If others announce themselves before entering home (ACS, Home) · If others announce themselves before entering bedroom? (ACS, Home) · If person has enough privacy (ACS, Home)	• Home is never entered w/o permission • Bedroom is never entered w/o permission • Has enough privacy at home	87% 82% 90%	89% 83% 91%
Choice of roommates	· Choice of people to live with (ACS, Choice)	• Chose roommates	46%	51%
Freedom to furnish and decorate their unit	NCI data does not cover this	N/A	N/A	N/A
Control of their schedule and activities	· Control of daily schedule (ACS, Choice) · Control of free time use (ACS, Choice)	• Decides daily schedule • Decides how to spend free time	74% 82%	82% 91%
Access to food at any time	N/A	N/A	N/A	N/A
Visitors at any time	· Whether person can be alone with visitors or if there are some rules/restrictions (ACS, Rights)	• Can be alone at home with visitors or friends	71%	77%
Setting is Physically Accessible to individual	· Describes person's mobility as moving around without aid, with aid, or is not ambulatory even with aids (AFS, Access)	• Has access to special equipment or accommodations needed: ○ Always ○ Usually ○ Sometimes	 36% 37% 8%	 47% 30% 10%

		○ Seldom ○ Never	3% 16%	4% 10%
III. HCBS Person-centered Service Plan Process Requirements	**NCI Data**	**Topics**	**Maryland**	**NCI Avg.**
Service planning process is driven by the individual	· If person helped develop their service plan (ACS, Satisfaction with Services) · If Support Coordinator asks person what they want (ACS, Satisfaction with Services) · If Support Coordinator helps get what the person needs (ACS, Satisfaction with Services)	• Person helped make service plan • Case manager/service coordinator asks what person wants • Case manager/service coordinator helps get what person needs	86% 91% 88%	87% 95% 88%
Includes people chosen by the individual	NCI does not include this data	N/A	N/A	N/A

Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible	● For self-directing, does person have help making decisions re budget and services, can they change budget or services if needed, have enough information about how much money is in budget, is info easy to understand, and do they want more help with budget or choosing services (ACS, Self Directed Services) ● Do you get enough information to help you participate in planning services for your family? (AFS & FGS, Info & Planning) ● Does the information you receive come from your case manager/service coordinator? (AFS & FGS, Info & Planning) ● Does the case manager/service coordinator tell you about other public services that your family is eligible for (e.g., food stamps, Supplemental Security Income [SSI], housing subsidies, etc.)? (AFS, Info & Planning) ● Does your family member know how much money is spent on the IDD Agency on his/her behalf? ● Does your family member have a say in how IDD Agency money is spent on his/her behalf? If yes, does he/she have the information needed to make this decision?	• Gets enough information to help plan services:		
		○ Always	24%	35%
		○ Usually	38%	%
		○ Sometimes	21%	16%
		○ Seldom	12%	7%
		○ Never	5%	4%
		• Information about services and supports comes from case manager/service coordinator		
		○ Always	36%	43%
		○ Usually	36%	34%
		○ Sometimes	17%	15%
		○ Seldom	7%	5%
		○ Never	4%	3%
		• Case manager/service coordinator tells family about other eligible public services:		
		○ Always	28%	38%
		○ Usually	26%	24%
		○ Sometimes	14%	12%
		○ Seldom	12%	10%
		○ Never	20%	16%
		• Knows how much money is spent by they ID/DD agency on his/her behalf.	9%	13%
		• Has a say in how ID/DD agency money is spent	27%	32%
		• Has all information needed to make decisions about how to spend this money.	92%	88%

Is timely; occurs at times and locations convenient to the individual	NCI does not include this data	N/A	N/A	N/A
Reflects cultural considerations	● If services are delivered in a manner respectful to family member's/individual's culture (FGS & AFS) ● If English is not your primary language, are there support workers or translators who can speak to you in your language? (FGS & AFS, Access & Delivery of Services)	• Services are delivered in a manner that is respectful to family's culture ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never	 64% 30% 4% 0% 2%	 72% 24% 3% 3% 1%
Plan discussions are in plain language. Information is available in a manner that is accessible to individuals	● Do you get enough information to help you participate in planning services for your family member? (FGS & AFS, Info & Planning) ● Is the information you receive easy to understand? (FGS & AFS, Info & Planning) ● Person's primary means of expression (ACS, Background Info; FGS Demographics) ● If your family member does not communicate verbally (for example, uses gestures or sign language), are there support workers who can communicate with him/her? (FGS & AFS, Access & Delivery of Services) ● If English is your family member's first language, do the support workers speak to him/her effectively? (FGS & AFS, Access & Delivery of Services) ● If English is not your family member's first	• Gets enough information to help plan services ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never • Information about services and supports is easy to understand ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never • Support workers can communicate with if non-verbal ○ Always	 49% 34% 11% 3% 4% 50% 40% 9% 1% 0% 45%	 46% 36% 11% 4% 3% 50% 39% 8% 2% 1% 55%

	language, are there support workers or translators who can speak with him/her in the preferred language? (FGS & AFS, Access & Delivery of Services)	○ Usually ○ Sometimes ○ Seldom ○ Never • Support workers speak effectively in primary language, if English ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never	38% 6% 9% 2% 66% 30% 3% 0% 1%	33% 8% 2% 1% 72% 25% 2% 0% 0%
Includes strategies for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants	NCI does not include this data	N/A	N/A	N/A

Offers choices to the individual regarding the services and supports the individual receives and from whom	● If person would like to live somewhere else (ACS, Home) ● If person wants to work somewhere else (ACS, Employ/Day) ● If person wants to go somewhere else during day (for those using day service programs) (ACS, Employ/Day) ● If person chose their case manager (ACS, Choice) ● Case manager was assigned but person understands case manager can be changed if requested (ACS, Choice) ● If person chose their staff (ACS, Choice) ● For self-directing, does person have help making decisions re budget and services, can they change budget or services if needed, have enough information about how much money is in budget, is info easy to understand, and do they want more help with budget or choosing services (ACS, Self Directed Services) ● Did your family member choose the provider agencies that work with him or her? (FGS & AFS, Choice & Control) ● Can your family member choose a different provider agency if s/he wants to? (FGS & AFS, Choice & Control)	• Wants to live somewhere else • Wants to work somewhere else • Wants to go somewhere else or do something else during the day • Chose case manager/service coordinator • Chose staff • Uses self-directed supports • Chose provider agencies who work with family: ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never	32% 44% 42% 51% 59% 4% N/A% N/A% N/A% N/A% N/A%	26% 28% 31% 60% 62% 11% N/A% N/A% N/A% N/A% N/A%

	● Did your family member choose the individual support workers who work directly with him/her? (FGS & AFS, Choice & Control) ● Can your family member choose different support workers if s/he wants to? (FGS & AFS, Choice & Control) ● Did your family member choose his/her case manager/service coordinator? (FGS & AFS, Choice & Control) ● Does your family member have control and/or input over the hiring and management of his/her support workers? (FGS & AFS, Choice & Control) ● Does the plan include all the services and supports your family member wants? (FGS & AFS, Info & Planning) ● Does the plan include all the services and supports your family member needs? (FGS & AFS, Info & Planning) ● Does your family member receive all of the services listed in the plan? (FGS & AFS, Info & Planning) ● Asks individual if they receive all the services they need (ACS, Access to Needed Services)	• Chooses individual support workers who work directly with family: ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never • Chose case manager/service coordinator • Has control or input over hiring and management of support workers • Service plan includes all the services and supports family member wants • Service plan includes all the services and supports family member needs • Receives all services listed in the service plan	 11% 11% 8% 8% 62% 11% 17% 80% 69% 84%	 26% 12% 8% 6% 48% 16% 32% 86% 79% 87%
Provides a method for individual to request updates	NCI does not include this data	N/A	N/A	N/A

May include whether and what services are self-directed	● For those self-directing, does person have help making decisions re budget and services, can they change budget or services if needed, have enough information about how much money is in budget, is info easy to understand, and do they want more help with budget or choosing services. (ACS, Self Directed Services)* ● Whether person uses fiscal intermediary or agency of choice model (ACS, Background Info) *Current version of NCI ACS only asks this of people who are in Self-Directed Waiver. Future surveys will ask this of all individuals.	• Uses self-directed supports	4%	8%
Signed by all individuals and providers responsible for its implementation. A copy of plan must be provided to individual and his/her representative	NCI does not include this data	N/A	N/A	N/A
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others	NCI does not include this data	N/A	N/A	N/A

Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of individual	● Does the plan include all the services and supports your family member wants? (FGS & AFS, Info & Planning) ● Does the plan include all the services and supports your family member needs? (FGS & AFS, Info & Planning) ● Does your family member receive all of the services listed in the plan? (FGS & AFS, Info &Planning) ● Asks individual if they receive all the services they need (ACS, Access to Needed Services)	• Service plan includes all the services and supports family member wants • Service plan includes all the services and supports family member needs • Receives all services listed in the service plan	80% 73% 86%	84% 78% 88%
Includes risk factors and plans to minimize them	● Did you discuss how to handle emergencies related to your family member at the last service planning meeting? (FGS & AFS, Info & Planning)	• Discussed how to handle emergencies related to family member at the last service planning meeting	72%	75%
Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	● Do you feel that your family member's residential setting is a healthy and safe environment?(FGS, Access & Delivery) ● Do you feel that your family member's day/ employment setting is a healthy and safe environment? (FGS & AFS, Access & Delivery) ● Does the case manager/service coordinator respect your family's choices and opinions? (AFS, Info & Planning) ● Data is available regarding accessible information as service planning is less likely	• Family member's day/ employment setting is healthy and safe: ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never • Case manager/service coordinator respects family's choices and opinions: ○ Always	 67% 29% 4% 0% 0% 60%	 70% 26% 3% 0% 0% 68%

	to reflect personal preferences if preferences are not understood by service planning team. Refer to NCI data for HCBS requirement on page 11, Plan discussions are in plain language. Information is available in a manner that is accessible to individuals.	○ Usually ○ Sometimes ○ Seldom ○ Never	30% 7% 1% 1%	24% 5% 1% 2%
IV. HCBS Person-centered Service Plan Documentation Requirements	**NCI Data**	**Topics**	**Maryland**	**NCI Avg.**
Settings is chosen by the individual and supports full access to the community	● If person would like to live somewhere else (ACS, Home) ● If person wants to work somewhere else (ACS, Employ/Day) ● If person wants to go somewhere else during day (for those using day service programs) (ACS, Employ/Day) ● Extent of integration in community life: shopping, errands, religious practice, entertainment, exercise, vacations, meetings (ACS, Community Integration) ● If person wants to go somewhere, do they always have a way to get there (ACS, Satisfaction with Services)	• Wants to live somewhere else • Wants to work somewhere else • Wants to go somewhere else or do something else during the day • Went out shopping in the past month • Went out on errands in the past month • Went out to a religious or spiritual service in the past month • Went out for entertainment in the past month • Went out for exercise in the past month • Went on vacation in the past	26% 28% 43% 89% 88% 49% 75% 72% 64%	26% 30% 34% 87% 83% 48% 71% 59% 46%

		year • Always has a way to get places	 90%	 84%
There are opportunities to seek employment and work in competitive integrated settings	● Preference to work, whether employment is a goal in ISP, if person wants a different job, if person likes job, types of work (degrees of integration), wages. (ACS, Background Info & Employment/Day) ● Does your family member have enough support (e.g., support workers, community resources) to work or volunteer in the community? (FGS & AFS, Community Connections)	• Wants a paid job in the community • Has community employment as a goal in service plan • Likes paid community job • Wants to work somewhere else • Job industry: ○ Food prep and food service ○ Building and grounds cleaning or maintenance ○ Retail ○ Assembly, manufacturing, or packaging • Type of paid employment in the community:	60% 39% 92% 28% 19% 38% 14% 10%	49% 25% 93% 30% 20% 33% 15% 9%

		○ Individually-supported	33%	33%
		○ Competitive	13%	34%
		○ Group-supported	53%	34%
		• Average bi-weekly gross wages		
		○ Individually-supported	$231.02	$186.37
		○ Competitive	$278.30	$207.62
		○ Group-supported	$269.21	$148.35
		• Family member has enough support to work or volunteer in the community	72%	77%
Supports are in place to assist the individual to engage in community life, control personal resources, and receive services in the community	● Extent of integration in community life: shopping, errands, religious practice, entertainment, exercise, vacations, meetings (ACS, Community Integration) ● Does your family member have enough support (e.g., support workers, community resources) to work or volunteer in the community? (FGS & AFS, Community Connections) ● If person can decide how to spend his/her own money. (ACS, Choice) ● Does your family member know how much money is spent by the ID/DD agency on his/her behalf? (FGS & AFS, Choice & Control) ● Does your family member have a say in how this money is spent? If Yes, does your family member have all the information s/he needs to make decisions about how to spend this money? (FGS & AFS, Choice &	• Went out shopping in the past month	89%	87%
		• Went out on errands in the past month	88%	83%
		• Went out to a religious or spiritual service in the past month	49%	48%
		• Went out for entertainment in the past month	75%	71%
		• Went out for exercise in the past month	72%	59%
		• Went on vacation in the past year	64%	45%
		• Family member has enough support to work or volunteer in the community	72%	77%
		• Chooses how to spend money	85%	87%
		• Family member knows how much money is spent by the ID/DD agency on his/her behalf	12%	14%
		• Family member has a say in how	28%	31%

	Control)	ID/DD agency money is spent • Family member has all information needed to decide how to spend ID/DD agency money	96%	90%
Supports and services are linked to individual's strengths and preferences	● If plan includes all services and supports your family member wants (FGS & AFS, Info & Planning)	• Service plan includes all the services and supports family member wants	81%	88%
Supports and services align with assessed clinical and support needs	● If plan includes all services and supports person needs (FGS & AFS, Info & Planning) ● Does your family member have access to the special equipment or accommodations that s/he needs (for example, wheelchair, ramp, communication board)? (AFS & FGS, Access & Delivery) ● Is person able to get medications/ respite/ psychiatric care needed? If yes, are you satisfied with quality? (AFS & FGS, Access & Delivery)	• Service plan includes all the services and supports family member needs	75%	86%
		• Family member has access to special equipment or accommodations needed		
		○ Always	44%	53%
		○ Usually	39%	36%
		○ Sometimes	14%	9%
		○ Seldom	2%	2%
		○ Never	2%	1%
		• Can get medications needed for family member	100%	98%
		•Has access to mental health services needed for family member	89%	87%
		• Satisfied with family member's mental health providers	95%	95%
		• Has access to respite services needed for family member	62%	78%
		• Satisfied with family member's respite providers	96%	96%

Individual's goals and desired outcomes are included	● If plan includes all services and supports the individual wants and needs (FGS & AFS, Info & Planning) ● Asks individual if they receive all the services they need (ACS, Access to Needed Services) ● If person asks their Support Coordinator for something s/he helps person get it (ACS, Satisfaction with Services)	• Service plan includes all the services and supports family member wants •Service plan includes all the services and supports family member needs • Case manager/service coordinator asks what person wants • Case manager/service coordinator helps get what person needs	81% 75% 88% 88%	88% 86% 88% 88%
Any risk factors are identified and measures are in place to minimize risk	NCI does not include this data	N/A	N/A	N/A

Individualized backup plans and strategies are present when needed	● If you call and leave a message, does your case manager/service coordinator take a long time to call you back, or does s/he call back right away? (ACS, Satisfaction with Services) ● Did you discuss how to handle emergencies related to your family member at the last service planning meeting? (FGS & AFS, Info & Planning) ● Are services and supports available when your family member needs them? (FGS & AFS, Access & Delivery) ● If you asked for crisis or emergency services during the past year, were services provided when needed? (FGS & AFS, Access & Delivery) ● If you need respite services, do you have access to them? (FGS & AFS, Access & Delivery) ● If needed, do you have access to mental health services for your family member? (FGS & AFS, Access & Delivery) ● Are you or your family member able to contact his/her case manager/service coordinator when you need to? (FGS & AFS, Access & Delivery) ● Are services and supports available within a reasonable distance from your home? (FGS & AFS, Access & Delivery) ● Do services change when the family	• Case manager/service coordinator calls person back right away	75%	75%
		• Discussed how to handle emergencies related to family member at the last service planning meeting	75%	76%
		• Services and supports are available when family member needs them:		
		○ Always	31%	41%
		○ Usually	42%	38%
		○ Sometimes	19%	15%
		○ Seldom	6%	4%
		○ Never	2%	2%
		• Crisis or emergency services were provided when needed	71%	70%
		• Has access to respite services	62%	78%
		• Has access to mental health services	89%	87%
		• Able to contact case manager/ service coordinator when needed		
		○ Always	47%	54%
		○ Usually	39%	33%
		○ Sometimes	8%	11%
		○ Seldom	4%	2%
		○ Never	2%	1%

	member's needs change? (FGS & AFS, Access & Delivery)	• Services and supports are available reasonably close to home: ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never • Services and supports change when family member's needs change: ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never	 41% 42% 11% 4% 2% 32% 42% 15% 6% 7%	 44% 38% 12% 4% 2% 41% 38% 13% 5% 4%
Providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS	● Proportion of families who report they are supported in utilizing natural supports in their communities (e.g., family, friends, neighbors, churches, colleges, and recreational services). (AFS, Community Connections)	N/A	N/A	N/A
The individuals responsible for monitoring plan	NCI does not include this data	N/A	N/A	N/A
Informed consent of the individual in writing	NCI does not include this data	N/A	N/A	N/A
Service plan has been given to the individual and others	NCI does not include this data	N/A	N/A	N/A

involved in plan				
Any self-directed services and supports	● If person self directs (ACS, Background Info) ● If sufficient supports to self direct including if person has help making decisions re budget and services, can they change budget or services if needed, do they have enough information about how much money is in their budget, is info easy to understand, and do they want more help with budget or choosing services? (ACS, Self Directed Services) ● Whether person uses fiscal intermediary or agency of choice model (ACS, Background Info)	• Uses self-directed supports	4%	8%
Justification for any restrictions or modifications that are not consistent with the HCBS guidelines (e.g., with respect to specific choices, roommates, access to food, etc.)	NCI does not include this data	N/A	N/A	N/A
Plan has been reviewed and revised upon reassessment of functional need as required every 12 months, when the individual's circumstances or needs change significantly, and/or at the request of the	● Do the services and supports change when your family member's needs change? (FGS & FGS, Access & Delivery)	• Services and supports change when family member's needs change: ○ Always ○ Usually ○ Sometimes ○ Seldom ○ Never	 32% 42% 15% 6% 7%	 41% 38% 13% 4% 5%

individual.				

Appendix A

Regulation Chapter Name: Residential Service Agencies					
Reference: COMAR 10.07.05					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			10.07.05.16-H: Client Participation. The agency shall allow a client, or client representative with legal authority to make health care decisions, to accept or reject, at the client's or client representative's discretion without fear of retaliation from the agency, any employee, independent contractor, or contractual employee that is referred by the agency.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			10.07.05.16-B: The agency shall make the policies and procedures available to clients or client representatives
2b	Ensure that the individual directs the process to the maximum extent possible	X			10.07.05.16-G: Informed Consent. The agency shall provide sufficient information to the client or the client representative to allow the client or the client representative to make an informed decision regarding treatment as required under Regulation .12D of this chapter
2c	Enables individual to make informed choices and decisions	X			10.07.05.16-G: Informed Consent. The agency shall provide sufficient information to the client or the client representative to allow the client or the client representative to make an informed

					decision regarding treatment as required under Regulation .12D of this chapter
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			10.07.05.12-C(2)(c): Within 48 hours of when the client begins services when the client requires (a variety of services)
3b	Occurs at times and locations of convenience to the individual			X	
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**		**OHS Assessment**		**If standards exist, cite them.**

		Compliant	Noncompliant	Absent	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports indiviudals to engage in community life			X	
10e	The setting supports indiviudals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	

11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	Federal Requirement	OHS Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensuresthat the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	

15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530				X	
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	

16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix B

Regulation Chapter Name: Assisted Living Programs					
Reference: COMAR 10.07.14					

Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			COMAR 10.07.14.26- A. A service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, resident choice, resident capabilities, individuality, and independence without compromising the health or reasonable safety of other residents.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			Included in letters sent out to participants, and also available on the website in support planning agency guidance.
2b	Ensure that the individual directs the process to the maximum extent possible	X			COMAR 10.07.14.26- A. The assisted living manager, or designee, shall ensure that all services are provided in a manner that respects and enhances the dignity, privacy, and independence of each resident. A service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, resident choice, resident capabilities, individuality, and independence without compromising the health or reasonable safety of other residents. COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (3) Participate in planning the resident's service plan and medical treatment; (4) Choose a pharmacy provider, subject to the provider's reasonable policies and procedures with regard to patient safety in administration of medications.

2c	Enables individual to make informed choices and decisions	X			COMAR 10.07.14.26- A. The assisted living manager, or designee, shall ensure that all services are provided in a manner that respects and enhances the dignity, privacy, and independence of each resident. A service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, resident choice, resident capabilities, individuality, and independence without compromising the health or reasonable safety of other residents. COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (3) Participate in planning the resident's service plan and medical treatment; (4) Choose a pharmacy provider, subject to the provider's reasonable policies and procedures with regard to patient safety in administration of medications.
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			COMAR 10.07.14.26- C. The assisted living manager, or designee, shall ensure that: (2) The service plan is developed within 30 days of admission to the assisted living program; and (3) The service plan is reviewed by staff at least every 6 months, and updated, if needed, unless a resident's condition or preferences significantly change, in which case the assisted living manager or designee shall review and update the service plan sooner to respond to these changes.
3b	Occurs at times and locations of convenience to the individual			X	
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			COMAR 10.07.14.26- A. A service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, **resident choice**, resident capabilities, **individuality**, and independence without compromising the health or reasonable safety of other residents.

4b	Conducted by providing information in plain language	X			COMAR 10.07.14.26- A. A service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, resident choice, **resident capabilities**, individuality, and independence without compromising the health or reasonable safety of other residents.
4c	Conducted in a manner that is accessible to individuals with disabilities	X			COMAR 10.07.14.26- A. A service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, resident choice, **resident capabilities**, individuality, and independence without compromising the health or reasonable safety of other residents.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)	X			COMAR 10.07.14.26- A. A service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, resident choice, **resident capabilities**, individuality, and independence without compromising the health or reasonable safety of other residents.
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			Solicitation for supports planners will be updated to include the following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.

5b	Includes clear conflict-of-interest guidelines for all planning participants	X			Solicitation for supports planners will be updated to include the following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			Solicitation for supports planners will be updated to include the following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. A. Identify other services provided by the agency, specifically noting any long-term services and supports and/or other Medicaid-funded services. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.

6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.	X			Solicitation for supports planners will be updated to include the following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. A. Identify other services provided by the agency, specifically noting any long-term services and supports and/or other Medicaid-funded services. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			COMAR 10.07.14.26- A. The assisted living manager, or designee, shall ensure that all services are provided in a manner that respects and enhances the dignity, privacy, and independence of each resident. A service plan for each resident shall be developed in a manner that enhances the principles of dignity, privacy, resident choice, resident capabilities, individuality, and independence without compromising the health or reasonable safety of other residents.
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			COMAR 10.07.14.26- (3) The service plan is reviewed by staff at least every 6 months, and updated, if needed, unless a resident's condition or preferences significantly change, in which case the assisted living manager or designee shall review and update the service plan sooner to respond to these changes.

9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	

10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			Self-direction training (POS Development Manual, online Resource Guide)-focus on enhancing skills necessary for self direction, such as time and money management, communication skills, listening skills, boundaries, assertiveness, self advocacy, organization, responsibility, administrative skills, giving clear direction and flexibility.
10d	The setting supports indiviudals to engage in community life			X	
10e	The setting supports indiviudals to control personal resources	X			COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (10) Manage personal financial affairs to the extent permitted by law. Self-direction training (POS Development Manual, online Resource Guide)-focus on enhancing skills necessary for self direction, such as time and money management, communication skills, listening skills, boundaries, assertiveness, self advocacy, organization, responsibility, administrative skills, giving clear direction and flexibility.
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (2) Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations; (4) Choose a pharmacy provider, subject to the provider's reasonable policies and procedures with regard to patient safety in administration of medications.
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	

11b	Settings include an option for a private unit in a residential setting	X			COMAR 10.07.14.49-(6) Resident rooms shall be for the private use of the assigned resident or residents. A resident's room shall have a latching door and may have a lock on the resident room side of the door at the licensee's option.
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy	X			COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (6) Privacy
12b	The settings ensure dignity and respect	X			COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (1) Be treated with consideration, respect, and full recognition of the resident's human dignity and individuality
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint	X			COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (8) Be free from physical and chemical restraints

13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (12) Attend or not attend religious services as the resident chooses, and receive visits from members of the clergy; (14) Determine dress, hairstyle, or other personal effects according to individual preference, unless the personal hygiene of a resident is compromised; (15) Meet or visit privately with any individual the resident chooses, subject to reasonable restrictions on visiting hours and places, which shall be posted by the assisted living manager; (19) Have access to writing instruments, stationery, and postage; (23) Have reasonable access to the private use of a common use telephone within the facility.
13b	The settings optimizes independence in making life choices	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (12) Attend or not attend religious services as the resident chooses, and receive visits from members of the clergy; (14) Determine dress, hairstyle, or other personal effects according to individual preference, unless the personal hygiene of a resident is compromised; (15) Meet or visit privately with any individual the resident chooses, subject to reasonable restrictions on visiting hours and places, which shall be posted by the assisted living manager; (19) Have access to writing instruments, stationery, and postage; (23) Have reasonable access to the private use of a common use telephone within the facility.

13c	The settings optimizes independence in daily activities	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (12) Attend or not attend religious services as the resident chooses, and receive visits from members of the clergy; (14) Determine dress, hairstyle, or other personal effects according to individual preference, unless the personal hygiene of a resident is compromised; (15) Meet or visit privately with any individual the resident chooses, subject to reasonable restrictions on visiting hours and places, which shall be posted by the assisted living manager; (19) Have access to writing instruments, stationery, and postage; (23) Have reasonable access to the private use of a common use telephone within the facility.
13d	The settings optimizes independence in the physical environment	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (12) Attend or not attend religious services as the resident chooses, and receive visits from members of the clergy; (14) Determine dress, hairstyle, or other personal effects according to individual preference, unless the personal hygiene of a resident is compromised; (15) Meet or visit privately with any individual the resident chooses, subject to reasonable restrictions on visiting hours and places, which shall be posted by the assisted living manager; (19) Have access to writing instruments, stationery, and postage; (23) Have reasonable access to the private use of a common use telephone within the facility.

13e	The setting optimizes independence with whom to interact.	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (12) Attend or not attend religious services as the resident chooses, and receive visits from members of the clergy; (14) Determine dress, hairstyle, or other personal effects according to individual preference, unless the personal hygiene of a resident is compromised; (15) Meet or visit privately with any individual the resident chooses, subject to reasonable restrictions on visiting hours and places, which shall be posted by the assisted living manager; (19) Have access to writing instruments, stationery, and postage; (23) Have reasonable access to the private use of a common use telephone within the facility.
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			SPA Solicitation 2014- 3.3 Self-Direction CFC Questionnaire-LTSS Tracking System
14b	The settings facilitates who provides services and supports	X			SPA Solicitation 2014- 3.3 Self-Direction CFC Questionnaire-LTSS Tracking System
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services	X			COMAR 10.07.14.24- Resident Agreement-General Requirements and Nonfinancial Content COMAR 10.07.14.25- Resident Agreement-Financial Content
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.	X			COMAR 10.07.14.24- Resident Agreement-General Requirements and Nonfinancial Content COMAR 10.07.14.25- Resident Agreement-Financial Content
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant	X			COMAR 10.07.14.24- Resident Agreement-General Requirements and Nonfinancial Content COMAR 10.07.14.25- Resident Agreement-Financial Content
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law	X			COMAR 10.07.14.24- Resident Agreement-General Requirements and Nonfinancial Content COMAR 10.07.14.25- Resident Agreement-Financial Content
15b	(B) Each individual has privacy in their sleeping or living unit	X			COMAR 10.07.14.35 A. A resident of an assisted living program has the right to: (6) Privacy, including the right to have a staff member knock on the resident's door before entering unless the staff member knows that the resident is asleep.
15b(1)	Units have entrance doors lockable by the individual	X			COMAR 10.07.14.49 A. Resident Room. (6) Resident rooms shall be for the private use of the assigned resident or residents. A resident's room shall have a latching door and may have a lock on the resident room side of the door at the licensee's option.
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	

15c(1)	(C) Individuals have the freedom and support to control their own schedules	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: D. Adult Medical Day Care. (2) Adult day care attendance or attendance at any other structured program shall be voluntary, not mandatory.
15c(2)	Individuals have the freedom and support to control their own activities	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (12) Attend or not attend religious services as the resident chooses, and receive visits from members of the clergy; (14) Determine dress, hairstyle, or other personal effects according to individual preference, unless the personal hygiene of a resident is compromised; (15) Meet or visit privately with any individual the resident chooses, subject to reasonable restrictions on visiting hours and places, which shall be posted by the assisted living manager; (19) Have access to writing instruments, stationery, and postage; (23) Have reasonable access to the private use of a common use telephone within the facility. D. Adult Medical Day Care. (2) Adult day care attendance or attendance at any other structured program shall be voluntary, not mandatory.

15c(3)	Individuals have the freedom to access food at any time		X		COMAR 10.07.14.28 A. Meals. (1) The assisted living manager shall ensure that: (a) A resident is provided three meals in a common dining area and additional snacks during each 24-hour period, 7 days a week; (b) Meals and snacks are well-balanced, varied, palatable, properly prepared, and of sufficient quality and quantity to meet the daily nutritional needs of each resident with specific attention given to the preferences and needs of each resident; (c) All food is prepared in accordance with all State and local sanitation and safe food handling requirements; (d) Food preparation areas are maintained in accordance with all State and local sanitation and safe food handling requirements; and (e) Residents have access to snacks or food supplements during the evening hours.
15d	(D) Individuals are able to have visitors of their choosing at any time		X		COMAR 10.07.14.35- A. A resident of an assisted living program has the right to: (15) Meet or visit privately with any individual the resident chooses, subject to reasonable restrictions on visiting hours and places, which shall be posted by the assisted living manager.
15e	(E) The setting is physically accessible to the individual	X			COMAR 10.07.14.45- A. An assisted living program shall provide assist rails in stairways used by residents and for all toilets, showers, and bathtubs used by residents
15f	(F) Individuals sharing units have a choice of roommates in that setting	X			COMAR 10.07.14.35 A. A resident of an assisted living program has the right to: (22) Receive notice before the resident's roommate is changed and, to the extent possible, have input into the choice of roommate.

15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement	X			COMAR 10.07.14.49-D. The resident may choose to provide a personal bed or other furnishings if they are not hazardous.
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix C

Regulation Chapter Name: Medical Day Care					
Reference: COMAR 10.09.07					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			COMAR 10.09.07.05- (7) Social work services performed by a licensed, certified social worker or licensed social work associate which include: (vi) Counseling participants individually to assist with acclimation to the medical day care center's services and to promote active involvement in their plan of care; (vii) Coordinating and implementing group and family counseling in conjunction with plan of care goals.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			COMAR 10.09.07.05- (vi) Counseling participants individually to assist with acclimation to the medical day care center's services and to promote active involvement in their plan of care.
2b	Ensure that the individual directs the process to the maximum extent possible	X			COMAR 10.09.07.05- (vi) Counseling participants individually to assist with acclimation to the medical day care center's services and to promote active involvement in

					their plan of care;
2c	Enables individual to make informed choices and decisions	X			COMAR 10.09.07.05- (vi) Counseling participants individually to assist with acclimation to the medical day care center's services and to promote active involvement in their plan of care;
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			COMAR 10.09.07.05- (b) Ongoing services to include: (iv) Counseling a participant and a participant's family in the availability and utilization of public and private community agency services, referral to, and coordination of these services; (v) Assisting participants in obtaining those health care services which are not available through the medical day care center (such as vision care, podiatry, medical equipment, etc.
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	

9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			COMAR 10.09.07.05 (7) Social work services performed by a licensed, certified social worker or licensed social work associate which include: (b) Ongoing services to include: (ii) Maintaining linkages with community support resources for the participant including relatives, friends, and other care providers; (v) Assisting participants in obtaining those health care services which are not available through the medical day care center (such as vision care, podiatry, medical equipment, etc.); (c) Discharge planning and referral services including: (iv) Referral to appropriate community service agencies and health care providers to facilitate the participant's return to more independent living; (9) Transportation services that: (a) Are provided or arranged for a

					participant by the medical day care staff; (b) Maximize the following types of transportation services in an effort to achieve the least costly, yet appropriate means of transportation for a participant: (i) Walking, for a person who lives within walking distance of the medical day care center and who is sufficiently mobile; (ii) Family-supplied transportation provided by friends, neighbors, or volunteers; and (iii) Public transportation services;
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			COMAR 10.09.07.05 (7) Social work services performed by a licensed, certified social worker or licensed social work associate which include: (b) Ongoing services to include: (ii) Maintaining linkages with community support resources for the participant including relatives, friends, and other care providers; (v) Assisting participants in obtaining those health care services which are not available

					through the medical day care center (such as vision care, podiatry, medical equipment, etc.); (c) Discharge planning and referral services including: (iv) Referral to appropriate community service agencies and health care providers to facilitate the participant's return to more independent living; (9) Transportation services that: (a) Are provided or arranged for a participant by the medical day care staff; (b) Maximize the following types of transportation services in an effort to achieve the least costly, yet appropriate means of transportation for a participant: (i) Walking, for a person who lives within walking distance of the medical day care center and who is sufficiently mobile; (ii) Family-supplied transportation provided by friends, neighbors, or volunteers; and (iii) Public transportation services.
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports indiviudals to engage in community life			X	

10e	The setting supports indiviudals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			COMAR 10.09.07.05 (7) Social work services performed by a licensed, certified social worker or licensed social work associate which include: (b) Ongoing services to include: (ii) Maintaining linkages with community support resources for the participant including relatives, friends, and other care providers; (v) Assisting participants in obtaining those health care services which are not available through the medical day care center (such as vision care, podiatry, medical equipment, etc.); (c) Discharge planning and referral services including: (iv) Referral to appropriate community service agencies and health care providers to facilitate the participant's return to more independent living; (9) Transportation services that: (a) Are provided or arranged for a participant by the medical day care staff; (b) Maximize the following types of transportation services in an effort to achieve the least costly, yet appropriate means of transportation for a participant: (i) Walking, for a person who lives within walking distance of the medical day care center and

					who is sufficiently mobile; (ii) Family-supplied transportation provided by friends, neighbors, or volunteers; and (iii) Public transportation services.
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	

13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			COMAR 10.09.07.05- (b) Ongoing services to include: (iv) Counseling a participant and a participant's family in the availability and utilization of public and private community agency services, referral to, and coordination of these services; (v) Assisting participants in obtaining those health care services which are not available through the medical day care center (such as vision care, podiatry, medical equipment, etc.
14b	The settings facilitates who provides services and supports	X			COMAR 10.09.07.05- (b) Ongoing services to include: (iv) Counseling a participant and a participant's family in the availability and utilization of public and private community agency services, referral to, and coordination of these services; (v) Assisting participants in obtaining those health care services which are not available through the medical day care center (such as vision care, podiatry, medical equipment, etc.
Residential Services - Provider Owned or Controlled Settings					

#	Federal Requirement	OHS Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	

15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	

16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix D

Regulation Chapter Name: Home Care for Disabled Children Under a Model Waiver					
Reference: COMAR 10.09.27					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			COMAR 10.09.53.04 F. If a need for services is confirmed during a participant's initial assessment, the registered nurse, in conjunction with the participant's primary medical provider, shall develop a care plan. The care plan shall be reviewed and updated to reflect the current service orders and shall include: (18) Nurse's role in including the family in the provision of care; (19) Plan to decrease services when the participant's condition improves or as the caregivers become better able to meet the participant's needs;

2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			COMAR 10.09.53.04 F. The care plan shall be reviewed and updated to reflect the current service orders and shall include: (1) Prognosis; (2) Diagnoses; (3) Treatment; (4) Treatment goals; (5) Services required, including specific nursing procedures; (6) Frequency of visits (that is, hours of nursing care ordered for each day); (7) Duration of treatment; (8) Functional limitations; (9) Permitted and prohibited activities; (10) Diet; (11) Medications; (12) Mental status; (13) A list of medical supplies related to each nursing procedure and how these are to be used in the participant's care: (14) A list of durable medical equipment related to each nursing procedure and how the equipment is to be used in the participant's care; (15) Safety measures to protect against injury; (16) Emergency plan; (17) Contingency plan for back-up coverage; (18) Nurse's role in including the family in the provision of care; (19) Plan to decrease services when the participant's condition improves or as the caregivers become better able to meet the participant's needs; and (20) Other appropriate items.

2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	

9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	

11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	

13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimize independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	

15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					

16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix E

Regulation Chapter Name: Home and Community-Based Services Waiver for Individuals with Brain Injury					
Reference: COMAR 10.09.46					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			COMAR 10.09.46.04- A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice regarding home, school or work, and community activities.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			COMAR 10.09.46.04- B. Development of the Initial Waiver Plan of Care. Before the start of waiver services: (1) A case manager shall meet with the participant or the participant's legal representative to develop the initial waiver plan of care; C. Waiver Plan of Care. (2) A participant shall be given freedom of choice among all qualified and available providers for each service included in the participant's waiver plan of care.

2b	Ensure that the individual directs the process to the maximum extent possible	X			COMAR 10.09.46.04- B. Development of the Initial Waiver Plan of Care. Before the start of waiver services: (1) A case manager shall meet with the participant or the participant's legal representative to develop the initial waiver plan of care; C. Waiver Plan of Care. (2) A participant shall be given freedom of choice among all qualified and available providers for each service included in the participant's waiver plan of care. 10.22.05.05(12) Documentation indicating that the individual or the individual's proponents, when applicable, have been involved in, informed of, and agree with the plan; 10.22.05.02 A. The IP is: (1) A single plan for the provision of services and supports to the individual; (2) Directed by the individual;

2c	Enables individual to make informed choices and decisions	X			COMAR 10.09.46.04- C. Waiver Plan of Care. (1) The participant's waiver plan of care: (b) Is documented on the waiver plan of care form included in the approved waiver proposal; (c) Specifies for each preauthorized waiver service the following information, as appropriate: (i) Description of the specific service to be provided; (ii) Level of service; (iii) Service start date; (iv) Estimated duration; (v) Approved frequency and units of service to be delivered; (vi) The provider for that service, if known; and (vii) Estimated unit costs and monthly costs; (d) Describes other Program services recommended for the participant; (2) A participant shall be given freedom of choice among all qualified and available providers for each service included in the participant's waiver plan of care. 10.22.05.05(12) Documentation indicating that the individual or the individual's proponents, when applicable, have been involved in, informed of, and agree with the plan;
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			10.22.05.03 Development and Implementation. A. The resource coordinator, as defined in COMAR 10.22.09, shall ensure that: (1) Each individual, other than an individual receiving respite services in the community, has an IP that is developed not more than 30 calendar days after receiving services; 10.22.05.05 C. The team shall review each IP at least annually, or more often as needed, and modify each IP as required by the individual's circumstances. 10.22.05.06 Implementation. The licensee shall implement the supports and

					services that the licensee has agreed to provide, as indicated in the IP, within 20 calendar days.
3b	Occurs at times and locations of convenience to the individual	X			COMAR 10.09.46.04 A. The program services and supports shall: (3) Provide services that are: (b) Offered at times and places suitable to the individuals served.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			10.22.04.02 (5) Living and working in places that reflect things that are valued;
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities	X			10.22.05.03 (3) The treating professionals and resource coordinator shall use any communication devices and techniques, including the use of sign language, as appropriate, to facilitate the involvement of the individual in the development of the written plan of habilitation. (4) The IP meetings are held at a time and place convenient to the individual.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			10.22.05.04 **.04 Decisions.** A. The team shall make decisions by consensus. B. If the team cannot reach a consensus, the resource coordinator shall mediate and resolve the issue of concern. C. If the resource coordinator cannot resolve the issue or if there is not a resource coordinator on the team, the appropriate regional director shall

					mediate and resolve the issue of concern.
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			Administrative Case management- employed by state or CSA
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			COMAR 10.09.46.04- C. Waiver Plan of Care. (2) A participant shall be given freedom of choice among all qualified and available providers for each service included in the participant's waiver plan of care. COMAR 10.22.04.02 Chapter 04 Values, Outcomes, and Fundamental Rights C. Choice and control, which includes: (1) Being given the opportunity to express choices and opinions;

					(2) Having choices about the following: (a) Where to live and with whom, (b) The appearance of one's home, (c) The services one receives and from whom, (d) How one spends one's time and with whom, (e) How menus, activities, schedules, and routines are structured, (f) Who advocates for the individual; and (3) Having one's choices and opinions respected and addressed;
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			COMAR 10.09.46.04 D. Periodic Review of the Waiver Plan of Care. (1) At least every 12 months or more frequently if determined necessary by the MHA: (a) A case manager and the participant or the participant's legal representative shall review the waiver plan of care and revise it as necessary; (b) The case manager and the participant or the participant's legal representative shall sign the waiver plan of care, as revised, to indicate approval of its recommendations; *10.22.05.05* A. Each IP shall be reviewed and approved, disapproved, or modified by: (1) The executive officer or administrative head of the licensee or a qualified developmental disability professional whom the executive officer or administrative head designates; and (2) One other professional individual who is responsible for carrying out a major program but does not participate in the IP. B. Approval of an IP shall be based on the current needs of the individual. C. The team shall review each IP at least annually, or more often as needed, and modify each IP as required by the individual's circumstances.

					D. Any member of the team may request a review or modification of the IP at any time.
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.	X			10.22.05.02 B. The IP is a written plan which includes: (13) A determination of whether the needs of the individual could be met in more integrated settings
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			COMAR 10.09.46.04 A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice regarding home, school or work, and community activities; (2) Promote the use of community resources to integrate the individual into the community.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			COMAR 10.09.46.04 A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice regarding home, school or work, and community activities; (2) Promote the use of community resources to integrate the individual into the community.

10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			COMAR 10.09.46.04 A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice regarding home, school or work, and community activities. COMAR 10.09.46.09 B. The covered services shall: (1) Include a work program that includes supports necessary for the participant to achieve desired outcomes established in the waiver plan of care; (2) Include rehabilitation activities needed to sustain the participant's job including support and training; (3) Consist of training, skill development, and paid employment for participants: (a) For whom competitive employment at or above the minimum wage is unlikely; and (b) Who, because of disabilities, need intensive ongoing support to perform in a work setting; (4) Be provided to help individuals obtain and maintain paid work in integrated community settings; and (5) Include transportation or the coordination of transportation between a participant's residence and the supported employment job site.
10d	The setting supports individuals to engage in community life	X			COMAR 10.09.46.04 A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice

					regarding home, school or work, and community activities; (2) Promote the use of community resources to integrate the individual into the community.
10e	The setting supports individuals to control personal resources	X			10.22.04.02 Values to be Considered in the Development of the IP. B. Individual rights, which include: (6) Having one's money and belongings secured; and (7) Having access to one's money and belongings;
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			10.22.04.02 Values to be Considered in the Development of the IP. G. Community membership and social inclusion by: (1) Having the opportunity to be involved in and contribute to the community; (2) Having the opportunity to participate in community activities of one's choice; (3) Having the opportunity to use the same resources as other people; and (4) Having regular access to recreation and leisure time activities with others. 10.22.08 Chapter 08 Community Residential Services Program Service Plan .05 Setting and Location B. A licensee providing services under this chapter shall make every effort to provide services that are integrated in neighborhoods and communities.

11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan	X			Chapter 05 The Individual Plan
11d	The settings options are based on the individual's needs and preferences	X			COMAR 10.22.04.02 Values to be Considered in the Development of the IP. (2) Having choices about the following: (a) Where to live and with whom, Chapter 05 The Individual Plan 10.22.05.02 B. The IP is a written plan which includes: (13) A determination of whether the needs of the individual could be met in more integrated settings
11e	For residential settings, options are based on resources available for room and board	X			COMAR 10.22.04.02 Values to be Considered in the Development of the IP. 10.22.08.03 Community Residential Services Program Service Plan C. The range of community residential service options available to an individual may be limited by resources or lack of available sites.
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy	X			COMAR 10.22.04.02 Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: A. Personal well-being, which includes: (6) Having the time, space, and opportunity for privacy;
12b	The settings ensure dignity and respect	X			COMAR 10.22.04.02 Values to be Considered in the Development of the IP. D. Respect and dignity, which includes: (1) Being treated with courtesy and respect;

					(2) Being treated with warmth and caring; (3) Receiving positive recognition; (4) Being spoken to and treated in an age-appropriate manner; and (5) Living and working in places that reflect things that are valued;
12c	The settings ensure freedom from coercion	X			See 10.22.04.02 Values to be Considered in the Development of the IP. B. Individual rights, which include: (1) Having the same rights and protections as all other citizens under the laws and Constitution of Maryland and the United States; (3) Being free from abuse, neglect, and mistreatment;
12d	The settings ensure freedom from restraint		X		See 10.22.04.02 Values to be Considered in the Development of the IP. A. Each individual is entitled to the basic rights set forth in Health-General Article, 7-1002-----7-1004, Annotated Code of Maryland, unless the individual's team decides it is necessary to restrict a right. If the restriction is due to a challenging behavior, the licensee shall follow the procedures outlined in COMAR 10.22.10. If it is necessary to restrict a right not related to a challenging behavior, the standing committee shall review, approve, and establish the time frame for the restriction. The licensee shall: (1) Document in the IP the: (a) Right being restricted, (b) Reason for the restriction, (c) Conditions under which the restriction is employed, (d) Efforts to restore the right to the individual, and (e) Conditions under which the right would be restored; (2) Comply with COMAR 10.22.10.06 D and E; and (3) Ensure that the restriction: (a) Represents the least restrictive, effective

					alternative, and (b) Is only implemented after other methods have been systematically tried and objectively determined to be ineffective. B. Each licensee shall provide for the preservation of each individual's fundamental rights in accordance with Health-General Article, §7-1003, Annotated Code of Maryland. C. Each licensee shall ensure that the individual and the individual's family is made aware of and given a copy of these rights, and that they are posted in accordance with Health-General Article, §7-1002, Annotated Code of Maryland.
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices	X			COMAR 10.09.46.04 A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice regarding home, school or work, and community activities; (2) Promote the use of community resources to integrate the individual into the community. See also 10.22.04.02 Values to be Considered in the Development of the IP.

13c	The settings optimizes independence in daily activities	X			COMAR 10.09.46.04 A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice regarding home, school or work, and community activities; (2) Promote the use of community resources to integrate the individual into the community.
13d	The settings optimizes independence in the physical environment	X			COMAR 10.09.46.04 A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice regarding home, school or work, and community activities; (2) Promote the use of community resources to integrate the individual into the community.
13e	The settings optimize independence with whom to interact.	X			COMAR 10.09.46.04 A. The program services and supports shall: (1) Maximize the level of functioning of an individual with BI through assistance and support with independent living, self care skills, and social skills in an environment which encourages the participant's ability to make decisions about the individual's life and create opportunities for choice regarding home, school or work, and community activities; (2) Promote the use of community resources to integrate the individual into the community.

14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			See 10.22.04.02 Values to be Considered in the Development of the IP. C. Choice and control, which includes: (1) Being given the opportunity to express choices and opinions; (2) Having choices about the following: (a) Where to live and with whom, (b) The appearance of one's home, (c) The services one receives and from whom, (d) How one spends one's time and with whom, (e) How menus, activities, schedules, and routines are structured, (f) Who advocates for the individual; and (3) Having one's choices and opinions respected and addressed Chapter 05 The Individual Plan B. The IP is a written plan which includes: (2) Preferences and desires identified by and for the individual; 10.22.08.03 Community Residential Services Program Service Plan A. Living in the community involves both a wide range of skills and choices about life style. B. Community residential models accommodate the wide range of choices individuals and their families make about how to live in the community. C. Community residential models are designed to give preference to small and individualized settings. D. Individuals with developmental disabilities have the same range of options about where to live in the community as are available to all people. E. The Administration respects personal choice regarding decisions about where and with whom individuals with developmental disabilities may live.

14b	The settings facilitates who provides services and supports	X			COMAR 10.09.46.04 A. The program services and supports shall: (3) Provide services that are: (a) Appropriate to the age of the populations being served; (b) Offered at times and places suitable to the individuals served; and (c) Coordinated by MHA's administrative case manager with other medical rehabilitation, mental health, and primary care services that the individual is receiving.
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	See 10.22.08 DDA Community residential service program service plan
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	

15b	(B) Each individual has privacy in their sleeping or living unit	X			COMAR 10.22.04.02 Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: A. Personal well-being, which includes: (6) Having the time, space, and opportunity for privacy;
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules	X			COMAR 10.22.04.02 Values to be Considered in the Development of the IP. (2) Having choices about the following: (a) Where to live and with whom, (b) The appearance of one's home, (c) The services one receives and from whom, (d) How one spends one's time and with whom, (e) How menus, activities, schedules, and routines are structured,
15c(2)	Individuals have the freedom and support to control their own activities	X			See 10.22.04.02 Values to be Considered in the Development of the IP. (2) Having choices about the following: (a) Where to live and with whom, (b) The appearance of one's home, (c) The services one receives and from whom, (d) How one spends one's time and with whom, (e) How menus, activities, schedules, and routines are structured,
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					See 10.22.10 – DDA behavior support service program service plan
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	X			COMAR 10.22.10 A. The licensee shall ensure that the use of restrictive techniques in any BP: (1) Represents the least restrictive, effective alternative, or the lowest effective dose of a medication; and (2) Is only implemented after other methods have been: (a) Systematically tried, and (b) Objectively determined to be ineffective. B. The licensee shall collect and present objective data to the authorizing licensed health care practitioner to indicate whether the restrictive technique being used is effective in reducing the individual's challenging behavior. C. The licensee shall: (1) Convene the team within 5 calendar days after an emergency use of a restrictive technique to

					review the situation and action taken; (2) Determine subsequent action include whether the development or modification of a BP is necessary; and (3) Document that the requirements of this regulation have been met.
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.	X			A. The licensee shall ensure that the use of restrictive techniques in any BP: (1) Represents the least restrictive, effective alternative, or the lowest effective dose of a medication; and (2) Is only implemented after other methods have been: (a) Systematically tried, and (b) Objectively determined to be ineffective. B. The licensee shall collect and present objective data to the authorizing licensed health care practitioner to indicate whether the restrictive technique being used is effective in reducing the individual's challenging behavior. C. The licensee shall: (1) Convene the team within 5 calendar days after an emergency use of a restrictive technique to review the situation and action taken; (2) Determine subsequent action include whether the development or modification of a BP is necessary; and (3) Document that the requirements of this regulation have been met.
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.	X			05 Behavior Plan (BP). (2) Is based on and includes a functional analysis or assessment of each challenging behavior as identified in the IP;
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	X			05 Behavior Plan (BP). A. A licensee shall ensure that a BP is developed for each individual for whom it is required. B. The licensee shall ensure the BP: (2) Is based on and includes a functional analysis

					or assessment of each challenging behavior as identified in the IP; (3) Specifies the behavioral objectives for the individual, and includes: (9) Specifies the data to be collected to assess progress towards meeting the BP's objectives; and A. The licensee shall ensure that the use of restrictive techniques in any BP: B. The licensee shall collect and present objective data to the authorizing licensed health care practitioner to indicate whether the restrictive technique being used is effective in reducing the individual's challenging behavior.
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.	X			C. Before implementation, the licensee shall ensure that each behavior plan which includes the use of restrictive techniques is: (1) Approved by the standing committee as specified in COMAR 10.22.02.14E(1)(d); and (2) Includes written informed consent of the: (a) Individual, (b) Individual's legal guardian, or (c) Surrogate decision maker as defined n Health-General Article, §5-605, Annotated Code of Maryland.
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix F

Regulation Chapter Name: Home and Community-Based Options Waiver					
Reference: COMAR 10.09.54					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			Supports planning solicitation- 3.2.21. Accommodate reasonable date, time, and location preferences for the individuals served under this agreement and requests for accessible communications. Similar accommodations should be made for others involved including family members, friends, guardians, legal representatives, and others as identified by the individual. This may include evenings, holidays, and weekends.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			Included in letters sent out to participants, and also available on the website in support planning agency guidance.
2b	Ensure that the individual directs the process to the maximum extent possible	X			SPA Solicitation 2014- 3.3 Self-Direction
2c	Enables individual to make informed choices and decisions	X			SPA Solicitation 2014- 3.3 Self-Direction
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			Supports planning solicitation- 3.2.21. Accommodate reasonable date, time, and location preferences for the individuals served under this agreement and requests for accessible communications. This may include evenings, holidays, and weekends.

3b	Occurs at times and locations of convenience to the individual	X			Supports planning solicitation- 3.2.21. Accommodate reasonable date, time, and location preferences for the individuals served under this agreement and requests for accessible communications. This may include evenings, holidays, and weekends.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			COMAR 10.09.54.19- B. Case management services shall be targeted to address the individualized needs of the participant and be sensitive to the educational background, culture, and general environment of the participant.
4b	Conducted by providing information in plain language	X			COMAR 10.09.54.19- B. Case management services shall be targeted to address the individualized needs of the participant and be sensitive to the educational background, culture, and general environment of the participant.
4c	Conducted in a manner that is accessible to individuals with disabilities	X			COMAR 10.09.54.19- B. Case management services shall be targeted to address the individualized needs of the participant and be sensitive to the educational background, culture, and general environment of the participant.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)	X			COMAR 10.09.54.19- B. Case management services shall be targeted to address the individualized needs of the participant and be sensitive to the educational background, culture, and general environment of the participant.

5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			Solicitation for supports planners will be updated to include following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.
5b	Includes clear conflict-of-interest guidelines for all planning participants	X			Solicitation for supports planners will be updated to include following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			Solicitation for supports planners will be updated to include following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. A. Identify other services provided by the agency, specifically noting any long-term services and supports and/or other Medicaid-funded services. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.	X			Solicitation for supports planners will be updated to include following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. A. Identify other services provided by the agency, specifically noting any long-term services and supports and/or other Medicaid-funded services. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict

					monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.	X			Solicitation for supports planners will be updated to include following: 3.2.1. If providing other Medicaid-funded services, identify and remediate potential conflicts of interest. A. Identify other services provided by the agency, specifically noting any long-term services and supports and/or other Medicaid-funded services. B. Identify the remediation and monitoring strategy to ensure applicants and participants receive conflict-free case management and have free choice of any willing provider. C. Submit a conflict management plan to the Department as part of the final work plan. D. Submit quarterly reports on conflict monitoring and remediation efforts to the Department on January 1st, March 1st, July 1st, and October 1st of each calendar year.

7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			COMAR 10.09.54.19- (4) Assisting the participant with referrals, access, and coordination of services, both Medicaid and non-Medicaid, to address the participant's needs.
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			Solicitation for support planners, quarterly visit, and monthly contact. Participant can request plan of service (POS) modification for approval via support planner.
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.	X			Documented in LTSS tracking system on the plan of service.
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			COMAR 10.09.84.02- (9) "Community setting" is the area, district, locality, neighborhood, or vicinity where a group of people live. (a) A community setting provides participants with opportunities to: (i) Seek employment and work in competitive integrated settings; (ii) Engage in community life; (iii) Control personal resources; and (iv) Receive services.

10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			COMAR 10.09.84.02- (9) "Community setting" is the area, district, locality, neighborhood, or vicinity where a group of people live. (a) A community setting provides participants with opportunities to: (i) Seek employment and work in competitive integrated settings; (ii) Engage in community life; (iii) Control personal resources; and (iv) Receive services. COMAR 10.09.84.16- B. Consumer training includes instruction and skill building in such areas including, but not limited to, acquisition, maintenance, and enhancement of skills necessary for the participant to accomplish ADLs and IADLs. Self-direction training (POS Development Manual, online Resource Guide)-focus on enhancing skills necessary for self direction, such as time and money management, communication skills, listening skills, boundaries, assertiveness, self advocacy, organization, responsibility, administrative skills, giving clear direction and flexibility.

10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			COMAR 10.09.84.02- (9) "Community setting" is the area, district, locality, neighborhood, or vicinity where a group of people live. (a) A community setting provides participants with opportunities to: (i) Seek employment and work in competitive integrated settings; (ii) Engage in community life; (iii) Control personal resources; and (iv) Receive services. COMAR 10.09.84.16- B. Consumer training includes instruction and skill building in such areas including, but not limited to, acquisition, maintenance, and enhancement of skills necessary for the participant to accomplish ADLs and IADLs. Self-direction training (POS Development Manual, online Resource Guide)-focus on enhancing skills necessary for self direction, such as time and money management, communication skills, listening skills, boundaries, assertiveness, self advocacy, organization, responsibility, administrative skills, giving clear direction and flexibility.

10d	The setting supports indiviudals to engage in community life	X			COMAR 10.09.84.02- (9) "Community setting" is the area, district, locality, neighborhood, or vicinity where a group of people live. (a) A community setting provides participants with opportunities to: (i) Seek employment and work in competitive integrated settings; (ii) Engage in community life; (iii) Control personal resources; and (iv) Receive services. Self-direction training (POS Development Manual, online Resource Guide)-focus on enhancing skills necessary for self direction, such as time and money management, communication skills, listening skills, boundaries, assertiveness, self advocacy, organization, responsibility, administrative skills, giving clear direction and flexibility.

10e	The setting supports indiviudals to control personal resources	X			COMAR 10.09.84.02- (9) "Community setting" is the area, district, locality, neighborhood, or vicinity where a group of people live. (a) A community setting provides participants with opportunities to: (i) Seek employment and work in competitive integrated settings; (ii) Engage in community life; (iii) Control personal resources; and (iv) Receive services. COMAR 10.09.84.16- B. Consumer training includes instruction and skill building in such areas including, but not limited to, acquisition, maintenance, and enhancement of skills necessary for the participant to accomplish ADLs and IADLs. Self-direction training (POS Development Manual, online Resource Guide)-focus on enhancing skills necessary for self direction, such as time and money management, communication skills, listening skills, boundaries, assertiveness, self advocacy, organization, responsibility, administrative skills, giving clear direction and flexibility.
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			COMAR 10.09.84.02- (9) "Community setting" is the area, district, locality, neighborhood, or vicinity where a group of people live. (a) A community setting provides participants with opportunities to: (i) Seek employment and work in competitive integrated settings; (ii) Engage in community life; (iii) Control personal resources; and

					(iv) Receive services.
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings	X			COMAR 10.09.54.03- (4) Has an active plan of service that: (a) Is based on: (i) The assessment and recommended plan of care; and (ii) Consultation with the applicant or participant; (b) Addresses the applicant's or participant's needs; (c) Specifies the names of service providers; SPA solicitation 2014-freedom of choice.
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan	X			COMAR 10.09.54.03- (4) Has an active plan of service that: (a) Is based on: (i) The assessment and recommended plan of care; and (ii) Consultation with the applicant or participant; (b) Addresses the applicant's or participant's needs; (c) Specifies the names of service providers; SPA solicitation 2014-freedom of choice.

11d	The settings options are based on the individual's needs and preferences	X			COMAR 10.09.54.03- (4) Has an active plan of service that: (a) Is based on: (i) The assessment and recommended plan of care; and (ii) Consultation with the applicant or participant; (b) Addresses the applicant's or participant's needs; (c) Specifies the names of service providers; SPA solicitation 2014-freedom of choice.
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy	X			Documented in LTSS tracking system on the plan of service.
12b	The settings ensure dignity and respect	X			Documented in LTSS tracking system on the plan of service.
12c	The settings ensure freedom from coercion	X			Documented in LTSS tracking system on the plan of service.
12d	The settings ensure freedom from restraint	X			Documented in LTSS tracking system on the plan of service.
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants
13b	The settings optimizes independence in making life choices	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants
13c	The settings optimizes independence in daily activities	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants

13d	The settings optimizes independence in the physical environment	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants
13e	The settings optimizes independence with whom to interact.	X			SPA Solicitation 2014- 3.3 Self-Direction; 3.4 Services to Applicants
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			SPA Solicitation 2014- 3.3 Self-Direction CFC Questionnaire-LTSS tracking system
14b	The settings facilitates who provides services and supports	X			SPA Solicitation 2014- 3.3 Self-Direction CFC Questionnaire-LTSS tracking system
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services	X			COMAR 10.09.54.01- (9) "Home" means the participant's place of residence in a community setting. (a) "Community setting" means the area, district, locality, neighborhood, or vicinity where a group of people live which provides participants with opportunities to: (i) Seek employment and work in competitive integrated settings; (ii) Engage in community life; (iii) Control personal resources; and (iv) Receive services. COMAR 10.09.54.03- (7) Resides in a home
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	

15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensuresthat the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix G

Regulation Chapter Name: Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder					
Reference: COMAR 10.09.56					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			Parental Rights and Responsibilities, Effective Date 11/1/2013. When receiving Autism Waiver services, the parents have the right to: Choose from among approved providers and change providers. and Approve the technician(s) and the family trainer that will work with your child.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			COMAR 10.09.56.03 B. A participant's Autism Waiver plan of care or plan of care addendum: (1) Identifies the specific Autism Waiver services to be provided to the participant, as covered under this chapter; and (2) Specifies for each identified Autism Waiver service the: (a) Description of the specific service to be provided; (b) Service start date; (c) Estimated duration; (d) Approved frequency and units of services to be delivered; and (e) Provider.
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions	X			COMAR 10.09.56.10.11.F.(5) Self-Direction. The residential rehabilitation program shall train the participant in identifying and responding to dangerous or threatening situations, making decisions and choices affecting the participant's life, and initiating changes in living arrangements or life activities.

3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			
3b	Occurs at times and locations of convenience to the individual	X			Parental Rights and Responsibilities, Effective Date 11/1/2013. When receiving Autism Waiver services, parents have the right to: Develop a schedule of services to meet the child's needs with the child's service coordinations.10.09.52.04-2A(2)(d) Specifies for each identified Autism Waiver service the: (a) Description of the specific service to be provided; (b) Service start date; (c) Estimated duration; (d) Approved frequency and units of services to be delivered;
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			10.09.56.14G. Covered Services. G. Shall be culturally competent and congruent with the participant's cultural norms
4b	Conducted by providing information in plain language	X			10.09.52.04-2A(2)(d) Assuring that the waiver participant or the parent or parents of a minor child are informed and understand their rights and responsibilities related to the Autism Waiver and Medicaid;
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	

5b	Includes clear conflict-of-interest guidelines for all planning participants			X	
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			10.09.52.05C(2) Freedom of the participant's parent to select from all available services for which the participant is found to be eligible;
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	

9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.09.56.05A(7) Is located and integrated into a residential community.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			10.09.56.05A(6) Provides opportunities for participants to participate in community activities
10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			10.09.56.19B9(1)(2) Adult life planning services shall: (1) Result in the participant's transition from Autism Waiver services to comparable, necessary adult life services; (2) Be based on the participant's need for services and support after disenrollment from the Autism Waiver; and 10.09.56.11F(6) Functional Living Skills Training. The residential rehabilitation program shall train the participant in self-reliance, money management, and money handling and purchases.
10d	The setting supports indiviudals to engage in community life			X	
10e	The setting supports indiviudals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	

11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	Parental Rights and Responsibilities, Effective Date 11/1/2013. When receiving Autism Waiver services, parents have the right to: Choose from among the servicves that have been approved in the Autism Waiver and included in program regulations, COMAR 10.09.56.
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences	X			Parental Rights and Responsibilities, Effective Date 11/1/2013. When receiving Autism Waiver services, parents have the right to: Choose from among the servicves that have been approved in the Autism Waiver and included in program regulations, COMAR 10.09.56. 10.09.56.02B(9) Chooses, or the parent or parents of a minor child chooses on the child's behalf, to receive Autism Waiver services as an alternative to services in an ICF-ID, and documents that choice on the consent form for Autism Waiver services;
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	

13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy	X			10.09.56.05A(4) Provides opportunities for participants to have personal items in the participant's bedroom that reflect the participant's personal tastes;
13b	The settings optimizes independence in making life choices	X			10.09.56.11B(3) Be designed to assist Autism Waiver participants in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings; 10.09.56.11F(5)
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.	X			10.09.56.11F(7) Socialization. The residential rehabilitation program shall train, supervise, or assist the participant to facilitate the participant's involvement in general community activities and establishment of relationships with peer
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	

15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensuresthat the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	

15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	

16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix H

Regulation Chapter Name: Home and Community-Based Options Waiver: Intensive Behavioral Services for Children, Youth, and Families					
Reference: COMAR 10.09.89					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			COMAR 10.09.89.01 - Eligible participants are served by care coodingation organizations through a wraparound service delivery model that utilizes CFT to create and implement indivudalized plans of care COMAR 10.09.89.02 - "Child and family team (CFT)" means a team of individuals selected by the participant and family to work with them to design and implement plan of care
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			COMAR 10.09.89.05-B - Enrollment in 1915(1) services qualifies and requires the participant to receive case management services through a CCA, pursuant to COMAR 10.09.90
2b	Ensure that the individual directs the process to the maximum extent possible	X			COMAR 10.09.89.02 - "Wraparound" means a service delivery model that uses a collaborative process in which the CFT assists in the development and implementation of an individualized plan of care with specified outcomes. COMAR 10.09.89.05-D(2) - Determine the family vision, which will guide the planning process
2c	Enables individual to make informed choices and decisions	X			COMAR 10.09.89.10-C - Family peer support services may include, but are not limited to: (6) Working with the family: (a) To organize and prepare for meetings in order to maximize participation in meetings;(b) By informing the family about options and possible outcomes in

					selecting services and supports to assist with informed decision-making and (7) Empowering the family to make choices to achieve desired outcomes for the particpant as well as the entire family
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			COMAR 10.09.89.05-D - In partnership with the CFT, the CCO shall: (1) Reevaluate the POC at least every 45 days with readministration of BHA-approved assessments as appropriate, and more frequently in response to a crisis and (10) Meet at least every 45 days or more frequently as clinically indicated
3b	Occurs at times and locations of convenience to the individual	X			COMAR 10.09.89.10-C(6)(a)- Family peer support services may include, but are not limited to working with the family to organize and prepare for meetings in order to maximize participation in meetings
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	

5b	Includes clear conflict-of-interest guidelines for all planning participants	X			COMAR 10.09.89.15-H - Unallowable cost for customized goods and services include, but are not limited to the following: Alcoholic Beverages; Bad Debts; Contributions and donations; Defense and prosecution of criminal and civl proceedings, claims, appeals and patent infringement; Entertainment costs; Incentive compensation to employees; Personal use by employees of organization-furnished automobiles, including transportation to and from work; Fines and penalties; Goods or services for personal use; Interest on borrowed capital/lins of credit; Costs of organized fundraising; costs of investment counsel/management; Lobbying; or Renovation/remodeling and capital projects
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			COMAR 10.09.89.05-B - Enrollment in 1915(1) services qualifies and requires the participant to receive case management services through a CCA, pursuant to COMAR 10.09.90
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.	X			COMAR 10.09.89.05-B - Enrollment in 1915(1) services qualifies and requires the participant to receive case management services through a CCA, pursuant to COMAR 10.09.90
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	

7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			COMAR 10.09.89.10-C - Family peer support services may include, but are not limited to: (6) Working with the family: (a) To organize and prepare for meetings in order to maximize participation in meetings;(b) By informing the family about options and possible outcomes in selecting services and supports to assist with informed decision-making and (7) Empowering the family to make choices to achieve desired outcomes for the particpant as well as the entire family
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			COMAR 10.09.89.05-D - In partnership with the CFT, the CCO shall: (1) Reevaluate the POC at least every 45 days with readministration of BHA-approved assessments as appropriate, and more frequently in response to a crisis and (10) Meet at least every 45 days or more frequently as clinically indicated
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	

10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports indiviudals to engage in community life			X	
10e	The setting supports indiviudals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan	X			COMAR 10.09.89.10-C - Family peer support services may include, but are not limited to: (6) Working with the family: (a) To organize and prepare for meetings in order to maximize participation in meetings;(b) By informing the family about options and possible outcomes in selecting services and supports to assist with informed decision-making and (7) Empowering the family to make choices to achieve desired outcomes for the particpant as well as the entire family

11d	The settings options are based on the individual's needs and preferences	X			COMAR 10.09.89.10-C - Family peer support services may include, but are not limited to: (6) Working with the family: (a) To organize and prepare for meetings in order to maximize participation in meetings;(b) By informing the family about options and possible outcomes in selecting services and supports to assist with informed decision-making and (7) Empowering the family to make choices to achieve desired outcomes for the particpant as well as the entire family
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The setting optimizes independence with whom to interact.			X	

14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			COMAR 10.09.89.10-C - Family peer support services may include, but are not limited to: (6) Working with the family: (a) To organize and prepare for meetings in order to maximize participation in meetings;(b) By informing the family about options and possible outcomes in selecting services and supports to assist with informed decision-making and (7) Empowering the family to make choices to achieve desired outcomes for the particpant as well as the entire family
14b	The settings facilitates who provides services and supports			x	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	

15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					

16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.	X			COMAR 10.09.89.01 - Eligible participants are served by care coordination organizations through a wraparound service delivery model that utilizes CFT to create and implement individualized plans of care
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	X			COMAR 10.09.89.05-D - In partnership with the CFT, the CCO shall: (1) Reevaluate the POC at least every 45 days with re-administration of BHA-approved assessments as appropriate, and more frequently in response to a crisis and (10) Meet at least every 45 days or more frequently as clinically indicated
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.	X			COMAR 10.09.89.01 - Eligible participants are served by care coordination organizations through a wraparound service delivery model that utilizes CFT to create and implement individualized plans of care
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	X			COMAR 10.09.89.05-D - In partnership with the CFT, the CCO shall: (1) Reevaluate the POC at least every 45 days with re-administration of BHA-approved assessments as appropriate, and more frequently in response to a crisis and (10) Meet at least every 45 days or more frequently as clinically indicated
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	X			COMAR 10.09.89.05-D - In partnership with the CFT, the CCO shall: (1) Reevaluate the POC at least every 45 days with re-administration of BHA-approved assessments as appropriate, and more frequently in response to a crisis and (10) Meet at least every 45 days or more frequently as clinically indicated
16h	*Include informed consent of the individual.			X	

16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix I

Regulation Chapter Name: Medical Day Care Facilities					
Reference: COMAR 10.12.04					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible	X			COMAR 10.12.04.12 (7) Make suggestions, complaints, or present grievances on behalf of the participants or others, to the center director, government agencies, or other persons without threat or fear of retaliation
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			COMAR 10.12.04.20.A. The participant shall receive a quarterly comprehensive assessment that is designed to evaluate the participant's strengths and needs. A licensed or certified professional health care practitioner shall complete the initial assessment within 30 days of a participant's admission and quarterly thereafter as long as there is no change in the participant's condition.
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			COMAR 10.12.04.14 (a) There shall be a written planned program of daily activities that are age appropriate and culturally relevant for individuals served and designed to: (i) Meet the participant's specific needs, preferences, and interests with the individual's cognitive and physical limitations being noted in the development of the activities; and (ii) Stimulate interests, rekindle motivation, and provide opportunities for a variety of types and levels of involvement, including small and large group activities.
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			COMAR 10.12.04.12 (7) Make suggestions, complaints, or present grievances on behalf of the participants or others, to the center director, government agencies, or other persons without threat or fear of retaliation
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			COMAR 10.12.04.12 (7) Make suggestions, complaints, or present grievances on behalf of the participants or others, to the center director, government agencies, or other persons without threat or fear of retaliation
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	

Service Setting					
#	Federal Requirement	OHS Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	

11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect	X			COMAR 10.12.04.12(1) Be treated with consideration, respect, and full recognition of the participant's human dignity and individuality
12c	The settings ensure freedom from coercion	X			COMAR 10.12.04.12(1) Be treated with consideration, respect, and full recognition of the participant's human dignity and individuality
12d	The settings ensure freedom from restraint	X			COMAR 10.12.04.12(1) Be treated with consideration, respect, and full recognition of the participant's human dignity and individuality
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The setting optimizes independence with whom to interact.			X	

14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	

15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.	X			COMAR 10.12.02.22 B(2) The need for the use of the device or medication

16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.	X			COMAR 10.12.02.22 C. An order for the use of restraints shall be for a medical reason and shall be implemented in the least restrictive manner possible and may not be written PRN (as often as necessary) or used for staff convenience.
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	X			COMAR 10.12.02.22 B(4) A process for reviewing the necessity of the restraint
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	X			COMAR 10.12.02.22 B(1) The maximum period of time that the device may be in use
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.	X			COMAR 10.12.02.22 C. An order for the use of restraints shall be for a medical reason and shall be implemented in the least restrictive manner possible and may not be written PRN (as often as necessary) or used for staff convenience.

Appendix J1

Regulation Chapter Name: Definitions					
Reference: COMAR 10.22.01					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			10.22.01.01(B)51(b) Resource Coordinator: (51) "Resource coordinator" means a professional: (a) Designated by the Developmental Disabilities Administration; (b) Not employed by a direct service provider;
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	

9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	

Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.01.01(B)(41)"Natural supports" means family, friends, co-workers, and community members who provide informal assistance to the individual to enable the individual to live and work in the community.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			10.22.01.01(B)(14) Community Supported Living Arrangements. (a) "Community supported living arrangements (CSLA)" means services to assist an individual in non vocational activities necessary to enable that individual to live in the individual's own home, apartment, family home, or rental unit, with (i) No more than two other nonrelated recipients of these services; or (ii) Members of the same family regardless of their number. (b) "Community supported living arrangements (CSLA)" include: (i) Personal assistance services; (ii) Supports that enhance the individual's opportunity for community participation and to exercise choice and control over the individual's own life;

10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			10.22.01.01(B)(29) specifies integrated but not competitive: (29) "Integrated work setting" means an environment in which individuals with developmental disabilities and individuals without developmental disabilities work together.
10d	The setting supports individuals to engage in community life	X			10.22.01.01(B) (3) "Assistive technology" means the technology necessary to enable the individual to live successfully in the community. 10.22.0101(B)(14)(b) "Community supported living arrangements (CSLA)" include: (i) Personal assistance services; (ii) Supports that enhance the individual's opportunity for community participation and to exercise choice and control over the individual's own life; (iii) Training and other services necessary to assist the individual in achieving and maintaining increased integration, interdependence, and productivity; 10.22.01.01(B)(40) "Most integrated setting" means a setting that enables an individual with a disability to interact with nondisabled individuals other than staff to the fullest extent possible. 10.22.01.01(B)(56) "Supports" means the assistance provided to individuals or their families to enable greater participation in the community and enhanced quality of life.
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	

11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual’s needs and preferences	X			Take into account an individual's needs but not preferences: 10.22.01.01(B)(9) "Behavioral respite" means relief services provided by a community residential licensee to meet an individual's behavioral needs. 10.22.01.01(B)(14)(b) "Community supported living arrangements (CSLA)" include: (i) Personal assistance services; (ii) Supports that enhance the individual's opportunity for community participation and to exercise choice and control over the individual's own life; (iii) Training and other services necessary to assist the individual in achieving and maintaining increased integration, interdependence, and productivity;
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual’s rights of privacy			X	

12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint		X		10.22.01.01(B)(53) "Restrictive technique" means a technique that is implemented to impede an individual's physical mobility or limit free access to the environment, including but not limited to physical, mechanical, or chemical restraints or medications used to modify behavior.
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices	X			10.22.01.01(B)(14) Community Supported Living Arrangements. (b) "Community supported living arrangements (CSLA)" include: (i) Personal assistance services; (ii) Supports that enhance the individual's opportunity for community participation and to exercise choice and control over the individual's own life.
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimize independence with whom to interact.			X	

14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services		X		10.22.01.01(B)(2) "Alternative living unit (ALU)" means a residence owned, leased, or operated by a licensee that: (a) Provides residential services for individuals who, because of a developmental disability, require specialized living arrangements; (b) Admits not more than 3 individuals; and (c) Provides 10 or more hours of supervision per unit, per week. 10.22.01.01(B)(20-1) "Forensic residential center (FRC)" means a facility that is: (a) Licensed to provide a continuum of integrative services to individuals with intellectual disabilities: (i) Ordered by the court for an evaluation or to be confined; (ii) Court-committed for care or treatment to the Department as incompetent to stand trial or not criminally responsible who are dangerous as a result of intellectual disabilities; or (iii) On conditional release and returned to the facility either voluntarily or on hospital warrant; (b) A related institution as defined in Health-General Article, §19-301(o), Annotated Code of Maryland; and (c) Not an extended care or comprehensive

					rehabilitation facility. 10.22.01.01(B)(25) "Group home" means a residence owned, leased, or operated by a licensee that:(a) Provides residential services for individuals who, because of a developmental disability, require specialized living arrangements; (b) Admits at least four, but not more than eight individuals; and (c) Provides 10 or more hours of supervision per week. 10.22.01.01(B)(55) "State residential center (SRC)" means a State owned and operated facility for individuals with intellectual disabilities. 10.22.01.01(B)(27) "Individual family care (IFC) home" means a private, single family residence which provides a home for up to three individuals with developmental disabilities, who are unrelated to the care provider.
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	

15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	

16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J2

Regulation Chapter Name: Administrative Requirements for Licensees					
Reference: COMAR 10.22.02					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			10.22.02.10(A)(3)That services are provided in a manner which promotes individual choice and the exercise of individual rights; 10.22.02.14(B) The licensee shall develop and implement a system of internal quality assurance which at a minimum: (1) Is focused on the individual's choices, preferences, and satisfaction, and includes personal contact with the individuals being served;
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions	X			COMAR 10.22.02.11D(1) & (2) & (7): All staff and care providers shall receive Administration-approved training within 3 months of hire in (1) community integration and inclusion; (2) individual-directed, outcome-oriented planning for individuals; (7) supporting individuals and families in making choices.

3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			10.22.01.02.10(D) The licensee shall ensure that it provides sufficient information about its grievance process to each individual it serves and, when appropriate, to the individual's proponent, to enable the individual or proponent to use the process effectively.
5b	Includes clear conflict-of-interest guidelines for all planning participants	X			Not for all planning participants, 10.22.02.08(C) Except for local health departments, forensic residential centers (FRCs), and State residential centers, the governing body of all licensees shall adopt written bylaws which require the governing body to be legally responsible for: (4) Defining and prohibiting those circumstances which would create a

					financial or personal conflict of interest for members of the governing body, staff, care providers, volunteers, and members of the standing committee;
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	Only grievance process 10.22.02.10
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources	X			Does not specify individual CONTROL, is not really related to the service setting: 10.22.02.10(A)A licensee shall develop and adopt written policies and procedures for ensuring:(15) That there is adequate protection for the finances and property of each individual, including: (a) A system to ensure that each individual's funds are used in an appropriate manner consistent with the individual's needs and preferences, (b) A system to keep personal funds separate from the funds of the licensee and to ensure that funds are transferred to the individual in a timely manner when services are no longer being provided, (c) Timely access for the individual to the funds,
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			N/A	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual’s needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	

12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy	X			COMAR 10.22.02.10A(4): A licensee shall develop and adopt written policies and procedures for ensuring confidentiality for each individual in accordance with Health-General Article, §7-1010, Annotated Code of Maryland. COMAR 10.22.02.10A(3): A licensee shall develop and adopt written policies and procedures for ensuring that services are provided in a manner which promotes individual choice and the exercise of individual rights.
12b	The settings ensure dignity and respect	X			COMAR 10.22.02.10A(2) and (3): A licensee shall develop and adopt written policies and procedures for ensuring (2) Fundamental rights in accordance with Health-General Article, §7-1002, Annotated Code of Maryland; (3) That services are provided in a manner which promotes individual choice and the exercise of individual rights.
12c	The settings ensure freedom from coercion	X			COMAR 10.22.02.10A(5): A licensee shall develop and adopt written policies and procedures for ensuring the implementation of a grievance process with safeguards which protect against retaliatory actions for the filing of any grievance.
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	

13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			COMAR 10.22.02.10A(3): A licensee shall develop and adopt written policies and procedures for ensuring that services are provided in a manner which promotes individual choice and the exercise of individual rights.
14b	The settings facilitates who provides services and supports	X			Sort of... 10.22.02.09(E)(4) Setting and location, which includes a description of where the services are to be provided and the number of individuals expected to be served.
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	

15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
1915c: §441.301 1915i: §441.710 1915k: §441.530					

16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J3

Regulation Chapter Name: Procedures for License Denials and Disciplinary Sanctions					
Reference: COMAR 10.22.03					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimize independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	

15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530				X	
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J4

Regulation Chapter Name: Values, Outcomes, and Fundamental Rights					
Reference: COMAR 10.22.04					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			10.22.04.02.C.(2)(f): 10.22.04.02 Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes: (2) Having choices about the following: (f) Who advocates for the individual;
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			10.22.04.02.E(3): 10.22.04.02 Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: E. Personal growth and independence by:(3) Receiving the education, habilitation, and the opportunities for increased independence;
2b	Ensure that the individual directs the process to the maximum extent possible	X			10.22.04.02.C(1-3): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes:(1) Being given the opportunity to express choices and opinions; (2) Having choices about the following:(a) Where to live and with whom, (b) The appearance of one's home, (c) The services one receives and from whom, (d) How one spends one's time and with whom, (e) How menus, activities, schedules, and routines are structured, (f) Who advocates for the individual; and (3) Having one's choices and opinions respected and addressed;

2c	Enables individual to make informed choices and decisions	X			10.22.04.02.C(1-3): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes:(1) Being given the opportunity to express choices and opinions; (2) Having choices about the following:(a) Where to live and with whom, (b) The appearance of one's home, (c) The services one receives and from whom, (d) How one spends one's time and with whom, (e) How menus, activities, schedules, and routines are structured, (f) Who advocates for the individual; and (3) Having one's choices and opinions respected and addressed;
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			10.22.04.02.B(2): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: B. Individual rights, which include: (2) Having religious and cultural beliefs respected
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	

5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	

7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			10.22.04.02.C(2)(c): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes (2) Having choices about the following: (c) The services one receives and from whom,
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	

Service Setting

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.04.02.G(1-4): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: G. Community membership and social inclusion by: (1) Having the opportunity to be involved in and contribute to the community; (2) Having the opportunity to participate in community activities of one's choice; (3) Having the opportunity to use the same resources as other people; and (4) Having regular access to recreation and leisure time

					activities with others.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			10.22.04.02.F and G: 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: F. The opportunity for relationships by: (1) Having the opportunity to develop and maintain meaningful ties to other people; (2) Having relationships encouraged and supported; (3) Having the opportunity to be connected to family and friends; and (4) Having the opportunity for intimacy; and G. Community membership and social inclusion by: (1) Having the opportunity to be involved in and contribute to the community; (2) Having the opportunity to participate in community activities of one's choice; (3) Having the opportunity to use the same resources as other people; and (4) Having regular access to recreation and leisure time activities with others.
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life	X			10.22.04.02.G(1): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: G. Community membership and social inclusion by: (1) Having the opportunity to be involved in and contribute to the community
10e	The setting supports individuals to control personal resources	X			10.22.04.02.B(7): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: B. Individual rights, which include: (7) Having access to one's money and

					belongings; and 10.22.04.02.E(5): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: E. Personal growth and independence by:(5) Having the opportunity to manage one's own affairs, including financial affairs as much as possible;
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			10.22.04.02.G(3): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: G. Community membership and social inclusion by: (3) Having the opportunity to use the same resources as other people
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual’s needs and preferences	X			10.22.04.02.C(1-3): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes:(1) Being given the opportunity to express choices and opinions; (2) Having choices about the following:(a) Where to live and with whom, (b) The appearance of one's home, (c) The services one receives and from whom, (d) How one spends one's time and with whom, (e) How menus, activities, schedules, and routines are structured, (f) Who

					advocates for the individual; and (3) Having one's choices and opinions respected and addressed;
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy	X			10.22.04.02.A(6): 10.22.04.02 Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: A. Personal well-being, which includes: (6) Having the time, space, and opportunity for privacy;
12b	The settings ensure dignity and respect	X			10.22.04.02.D(1-5): 10.22.04.02 Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: D. Respect and dignity, which includes:(1) Being treated with courtesy and respect;(2) Being treated with warmth and caring;(3) Receiving positive recognition;(4) Being spoken to and treated in an age-appropriate manner; and(5) Living and working in places that reflect things that are valued;
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy	X			10.22.04.02.C(2)(d-e): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes: (2) Having choices about the following:(d) How one spends one's time and with whom,(e) How menus, activities, schedules, and routines are structured,
13b	The settings optimizes independence in making life choices			X	

13c	The settings optimizes independence in daily activities	X			10.22.04.02.C(2)(d-e): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes: (2) Having choices about the following: (d) How one spends one's time and with whom,(e) How menus, activities, schedules, and routines are structured; and 10.22.04.02.E(6): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: E. Personal growth and independence by: (6) Having the opportunity to participate in individual activities
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.	X			10.22.04.02.C(2)(d): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes: (2) Having choices about the following:(d) How one spends one's time and with whom
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			10.22.04.02.C(2)(c): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes (2) Having choices about the following: (c) The services one receives and from whom,
14b	The settings facilitates who provides services and supports	X			10.22.04.02.C(2)(c): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which includes (2) Having choices about the following: (c) The services one receives and from whom,
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**

		Compliant	Noncompliant	Absent	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit	X			10.22.04.02.A(6): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: A. Personal well-being, which includes:(6) Having the time, space, and opportunity for privacy;
15c(1)	(C) Individuals have the freedom and support to control their own schedules	X			10.22.04.02.C(2)(d-e): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: C. Choice and control, which

					includes: (2) Having choices about the following:(d) How one spends one's time and with whom,(e) How menus, activities, schedules, and routines are structured,
15c(2)	Individuals have the freedom and support to control their own activities	X			10.22.04.02.E(6): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: E. Personal growth and independence by: (6) Having the opportunity to participate in individual activities
15c(3)	Individuals have the freedom to access food at any time	X			10.22.04.02.A(3): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: A. Personal well-being, which includes: (3) Having access to the places in which the individual lives, works, and receives services; and 10.22.04.02.B(5): 10.22.04. 02. Values to be Considered in the Development of the IP. The following values shall be considered in the development of the IP: B. Individual rights, which include:(5) Living, working, and receiving services in a manner that is not unnecessarily restrictive;
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
1915c: §441.301 1915i: §441.710 1915k: §441.530					

16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.	X			10.22.04.03.A(1)(a-d): 10.22.04.03 Fundamental Rights. A. Each individual is entitled to the basic rights set forth in Health-General Article, 7-1002----- 7-1004, Annotated Code of Maryland, unless the individual's team decides it is necessary to restrict a right. If the restriction is due to a challenging behavior, the licensee shall follow the procedures outlined in COMAR 10.22.10. If it is necessary to restrict a right not related to a challenging behavior, the standing committee shall review, approve, and establish the time frame for the restriction. The licensee shall: (1) Document in the IP the: (a) Right being restricted, (b) Reason for the restriction, (c) Conditions under which the restriction is employed, (d) Efforts to restore the right to the individual, and (e) Conditions under which the right would be restored;
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	X			10.22.04.03A(3)(b): 10.22.04.03 Fundamental Rights. A. Each individual is entitled to the basic rights set forth in Health-General Article, 7-1002----- 7-1004, Annotated Code of Maryland, unless the individual's team decides it is necessary to restrict a right. If the restriction is due to a challenging behavior, the licensee shall follow the procedures outlined in COMAR 10.22.10. If it is necessary to restrict a right not related to a challenging behavior, the standing committee shall review, approve, and establish the time frame for the restriction. The licensee shall: (3) Ensure that the restriction:(b) Is only implemented after other methods have been systematically tried and objectively determined to be ineffective.

16c	*Document less intrusive methods of meeting the need that have been tried but did not work.	X			10.22.04.03.A(3)(a): 10.22.04.03 Fundamental Rights. A. Each individual is entitled to the basic rights set forth in Health-General Article, 7-1002-----7-1004, Annotated Code of Maryland, unless the individual's team decides it is necessary to restrict a right. If the restriction is due to a challenging behavior, the licensee shall follow the procedures outlined in COMAR 10.22.10. If it is necessary to restrict a right not related to a challenging behavior, the standing committee shall review, approve, and establish the time frame for the restriction. The licensee shall: (3) Ensure that the restriction:(a) Represents the least restrictive, effective alternative,
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.	X			10.22.04.03.A(1)(a-d): 10.22.04.03 Fundamental Rights. A. Each individual is entitled to the basic rights set forth in Health-General Article, 7-1002-----7-1004, Annotated Code of Maryland, unless the individual's team decides it is necessary to restrict a right. If the restriction is due to a challenging behavior, the licensee shall follow the procedures outlined in COMAR 10.22.10. If it is necessary to restrict a right not related to a challenging behavior, the standing committee shall review, approve, and establish the time frame for the restriction. The licensee shall: (1) Document in the IP the: (a) Right being restricted, (b) Reason for the restriction, (c) Conditions under which the restriction is employed, (d) Efforts to restore the right to the individual, and (e) Conditions under which the right would be restored;
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	

16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J5

Regulation Chapter Name: The Individual Plan					
Reference: COMAR 10.22.05					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			10.22.05.02B(12): The IP is a written plan which includes documentation indicating that the individual or the individual's proponents, when applicable, have been involved in, informed of, and agree with the plan.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			10.22.05.02A(1): The IP is a single plan for the provision of services and supports to the individual. 10.22.05.02A(4): The IP is intended to specify all needed assessments, services, and training. 10.22.05.03C(2)(a): Written Plan of Habilitation for Individuals Residing in State Residential Center. On an annual basis and any other time requested by the individual, the treating professional and the resource coordinator shall discuss with the individual the service and support needs of the individual.
2b	Ensure that the individual directs the process to the maximum extent possible	X			10.22.05.01: Through an individual directed approach, each individual, with assistance from the individual's team, is the designer of the services and supports reflected in the individual plan (IP). The provision of these services and supports may be influenced by health and safety considerations or resource limitations. 10.22.05.02A(2): Components of the IP. The IP is

					directed by the individual.
2c	Enables individual to make informed choices and decisions	X			10.22.05.03A(3): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that each individual is provided with a range of the most integrated setting service options that may be appropriate. 10.22.05.02B(12): The IP is a written plan which includes documentation indicating that the individual or the individual's proponents, when applicable, have been involved in, informed of, and agree with the plan.
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			10.22.05.03A(1): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that each individual, other than an individual receiving respite services in the community, has an IP that is developed not more than 30 calendar days after receiving services. 10.22.05.06: The licensee shall implement the supports and services that the licensee has agreed to provide, as indicated in the IP, within 20 calendar days.
3b	Occurs at times and locations of convenience to the individual	X			10.22.05.03A(4): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP meetings are held at a time and place convenient to the individual.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws. [LTS Note: See 10.22.04.02B(2)]
4b	Conducted by providing information in plain language	X			10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values

					and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
4c	Conducted in a manner that is accessible to individuals with disabilities	X			10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)	X			10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			10.22.05.04: A.The team shall make decisions by consensus. B. If the team cannot reach a consensus, the resource coordinator shall mediate and resolve the issue of concern. C. If the resource coordinator cannot resolve the issue or if there is not a resource coordinator on the team, the appropriate regional director shall mediate and resolve the issue of concern. 10.22.05.05A: Each IP shall be reviewed and approved, disapproved, or modified by: (1) The executive officer or administrative head of the licensee or a qualified developmental disability professional whom the executive officer or administrative head designates; and (2) One other professional individual who is responsible for carrying out a major program but does not participate in the IP.
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.		X		10.22.05.03B: If the individual does not have a resource coordinator, the licensee, in the following priority order, shall ensure that the requirements of this chapter are met.
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	10.22.05.04B and C: If the team cannot reach a consensus, the resource coordinator shall mediate and resolve the issue of concern. C. If the resource coordinator cannot resolve the issue or if there is not a resource coordinator on the team, the appropriate regional director shall mediate and resolve the issue of concern.
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws. [LTS Note: See 10.22.04.02C(2)(c)] 10.22.05.02B(12): Documentation indicating that the individual or the individual's proponents, when applicable, have been involved in, informed of, and agree with the plan.

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			10.22.05.05C: The team shall review each IP at least annually, or more often as needed, and modify each IP as required by the individual's circumstances. 10.22.05.05D: Any member of the team may request a review or modification of the IP at any time.
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	10.22.05.02B(14)(c) and (d): The IP is a written plan which includes, for individuals residing in a State residential center, the written plan of habilitation consisting of: (c) A description of the services and supports, including residential, day, employment, and technology, that are required for the individual to receive services in the most integrated setting; and (d) A listing of barriers that prevent the individual from receiving supports and services in the most integrated setting, including community capacity or systems, if community services are determined to be the most integrated setting appropriate to meet the individual's needs. 10.22.05.03A(3): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that each individual is provided with a range of the most integrated setting service options that may be appropriate.
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.05.02(13): A determination of whether the needs of the individual could be met in more integrated settings. 10.22.05.03A(3): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that each individual is provided with a range of the most integrated setting service options that may be

					appropriate.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			10.22.05.02B(14)(c): The IP is a written plan which includes, for individuals residing in a State residential center, the written plan of habilitation consisting of a description of the services and supports, including residential, day, employment, and technology, that are required for the individual to receive services in the most integrated setting;
10d	The setting supports individuals to engage in community life			X	
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	

11c	The setting options are identified and documented in the person-centered service plan	X			COMAR 10.22.05.02(13): A determination of whether the needs of the individual could be met in more integrated settings.
11d	The settings options are based on the individual's needs and preferences	X			COMAR 10.22.05.02(13): A determination of whether the needs of the individual could be met in more integrated settings.
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
12b	The settings ensure dignity and respect			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
12c	The settings ensure freedom from coercion			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
12d	The settings ensure freedom from restraint			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.

13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
13b	The settings optimizes independence in making life choices			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
13c	The settings optimizes independence in daily activities			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
13d	The settings optimizes independence in the physical environment			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
13e	The settings optimize independence with whom to interact.			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	

15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	10.22.05.03A(2): The resource coordinator, as defined in COMAR 10.22.09, shall ensure that the IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws.
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	

16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	COMAR 10.22.05.02B(12): Documentation indicating that the individual or the individual's proponents, when applicable, have been involved in, informed of, and agree with the plan.
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J6

Regulation Chapter Name: Family and Individual Support Services					
Reference: COMAR 10.22.06					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			10.22.06.02(C) The flexibility inherent in FISS lends itself to creative and innovative ways of supporting individuals and their families. 10.22.06.03(A) FISS cover a wide array of supports in the life of an individual. 10.22.06.03(B) FISS are provided by making use of resources available in the community while, at the same time, building on the individual's existing support network. 10.22.06.03(D) FISS may include, but are not limited to, supports involving....
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	

3b	Occurs at times and locations of convenience to the individual	X			10.22.06.05(A) Sort of... The licensee shall provide FISS within the context of each individual or family's lifestyle in the least intrusive manner possible.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities	X			10.22.06.02(B) Services are to be readily adaptable to the changing needs of the individual. 10.22.06.05(B) The licensee shall provide FISS consistent with each individual's IP.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.06.03(B) FISS are provided by making use of resources available in the community while, at the same time, building on the individual's existing support network. 10.22.06.03(C) Supports are the assistance provided to the individual to enable participation in the community. Supports are integral to each individual or family's quality of life and often enhance the lives of those involved.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			10.22.06.03(B) FISS are provided by making use of resources available in the community while, at the same time, building on the individual's existing support network. 10.22.06.03(C) Supports are the assistance provided to the individual to enable participation in the community. Supports are integral to each individual or family's quality of life and often enhance the lives of those involved.

10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			10.22.06.03(D)(4) FISS includes ... Job coaching.
10d	The setting supports individuals to engage in community life	X			10.22.06.03(B) FISS are provided by making use of resources available in the community while, at the same time, building on the individual's existing support network. 10.22.06.03(C) Supports are the assistance provided to the individual to enable participation in the community. Supports are integral to each individual or family's quality of life and often enhance the lives of those involved.
10e	The setting supports individuals to control personal resources	X			Sort of 10.22.06.03(D)(1) FISS includes ... budgeting.
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			10.22.06.03(B) FISS are provided by making use of resources available in the community while, at the same time, building on the individual's existing support network. 10.22.06.03(C) Supports are the assistance provided to the individual to enable participation in the community. Supports are integral to each individual or family's quality of life and often enhance the lives of those involved.
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings	X			10.22.06.03(B) FISS are provided by making use of resources available in the community while, at the same time, building on the individual's existing support network. 10.22.06.03(C) Supports are the assistance provided to the individual to enable participation in the community. Supports are integral to each individual or family's quality of life and often enhance the lives of those involved.
11b	Settings include an option for a private unit in a residential setting			X	

11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences	X			10.22.06.02(A)Services are to be flexible and dynamic to meet the needs of individuals or families desiring specific areas of support and for those who have changing needs.
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	

13e	The settings optimize independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			N/A	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			N/A	

15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			N/A	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			N/A	
15b	(B) Each individual has privacy in their sleeping or living unit			N/A	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			N/A	
15c(2)	Individuals have the freedom and support to control their own activities			N/A	
15c(3)	Individuals have the freedom to access food at any time			N/A	
15d	(D) Individuals are able to have visitors of their choosing at any time			N/A	
15e	(E) The setting is physically accessible to the individual			N/A	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530				N/A	

16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			N/A	
16a	*Identify a specific and individualized assessed need.			N/A	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			N/A	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			N/A	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			N/A	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			N/A	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			N/A	
16h	*Include informed consent of the individual.			N/A	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			N/A	

Appendix J7

Regulation Chapter Name: Vocational and Day Services Program Service Plan					
Reference: COMAR 10.22.07					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities	X			10.22.07.02 .02 Rationale. A. Individuals often need assistance to obtain and maintain work in the community. With supports, job skills are learned and behavior appropriate for the workplace is increased. Work in the community provides income, self esteem, and personal value for the individual. B. Individuals seeking to obtain and maintain work in the community are free to choose preferred types of work, to seek change of work when not satisfied, and have their day activities reflect the needs, preferences, and desires stated in their IPs, including the ability to combine day or vocational services with other community activities, such as school or recreation. C. A licensee may not limit an individual to specific types of services because of their ages, severity of disability, or level of supports needed to work. D. A licensee shall use accommodation, coaching, individual choice, and preferences in matching individuals and employment opportunities.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	

5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	

7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.07.02 A. Individuals often need assistance to obtain and maintain work in the community. With supports, job skills are learned and behavior appropriate for the workplace is increased. Work in the community provides income, self esteem, and personal value for the individual. B. Individuals seeking to obtain and maintain work in the community are free to choose preferred types of work, to seek change of work when not satisfied, and have their day activities reflect the needs,

					preferences, and desires stated in their IPs, including the ability to combine day or vocational services with other community activities, such as school or recreation.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			10.22.07.02 A. Individuals often need assistance to obtain and maintain work in the community. With supports, job skills are learned and behavior appropriate for the workplace is increased. Work in the community provides income, self esteem, and personal value for the individual. B. Individuals seeking to obtain and maintain work in the community are free to choose preferred types of work, to seek change of work when not satisfied, and have their day activities reflect the needs, preferences, and desires stated in their IPs, including the ability to combine day or vocational services with other community activities, such as school or recreation.
10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X Doesn't use "competitive " language, but competitive is in the waiver			10.22.07.02 A. Individuals often need assistance to obtain and maintain work in the community. With supports, job skills are learned and behavior appropriate for the workplace is increased. Work in the community provides income, self esteem, and personal value for the individual. B. Individuals seeking to obtain and maintain work in the community are free to choose preferred types of work, to seek change of work when not satisfied, and have their day activities reflect the needs, preferences, and desires stated in their IPs, including the ability to combine day or vocational services with other community activities, such as school or recreation.
10d	The setting supports individuals to engage in community life	X			10.22.07.02 A. Individuals often need assistance to obtain and maintain work in the community. With supports, job skills are learned and behavior appropriate for the workplace is increased. Work in the community provides income, self esteem, and

					personal value for the individual. B. Individuals seeking to obtain and maintain work in the community are free to choose preferred types of work, to seek change of work when not satisfied, and have their day activities reflect the needs, preferences, and desires stated in their IPs, including the ability to combine day or vocational services with other community activities, such as school or recreation.
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			10.22.07.02 A. Individuals often need assistance to obtain and maintain work in the community. With supports, job skills are learned and behavior appropriate for the workplace is increased. Work in the community provides income, self esteem, and personal value for the individual. B. Individuals seeking to obtain and maintain work in the community are free to choose preferred types of work, to seek change of work when not satisfied, and have their day activities reflect the needs, preferences, and desires stated in their IPs, including the ability to combine day or vocational services with other community activities, such as school or recreation.
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	

11b	Settings include an option for a private unit in a residential setting			N/A	
11c	The setting options are identified and documented in the person-centered service plan			X	Note: Options are not in IP, only the service that is chosen
11d	The settings options are based on the individual's needs and preferences			X	Note: Options are not in IP, only the service that is chosen
11e	For residential settings, options are based on resources available for room and board			N/A	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	

13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimize independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			10.22.07.02 B. Individuals seeking to obtain and maintain work in the community are free to choose preferred types of work, to seek change of work when not satisfied, and have their day activities reflect the needs, preferences, and desires stated in their IPs, including the ability to combine day or vocational services with other community activities, such as school or recreation.
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			N/A	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			N/A	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			N/A	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			N/A	
15b	(B) Each individual has privacy in their sleeping or living unit			N/A	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			N/A	
15c(2)	Individuals have the freedom and support to control their own activities			N/A	

15c(3)	Individuals have the freedom to access food at any time			N/A	
15d	(D) Individuals are able to have visitors of their choosing at any time			N/A	
15e	(E) The setting is physically accessible to the individual			N/A	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			N/A	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			N/A	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			N/A	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			N/A	

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			N/A	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			N/A	
16h	*Include informed consent of the individual.			N/A	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			N/A	

Appendix J8

Regulation Chapter Name: Community Residential Services Program Service Plan					
Reference: COMAR 10.22.08					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			10.22.08.02 A. Living in the community involves both a wide range of skills and choices about lifestyle. B. Community residential models accommodate the wide range of choices individuals and their families make about how to live in the community. C. Community residential models are designed to give preference to small and individualized settings. D. Individuals with developmental disabilities have the same range of options about where to live in the community as are available to all people. E. The Administration respects personal choice regarding decisions about where and with whom individuals with developmental disabilities may live.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible	X			10.22.08.03 B. A licensee shall make every effort to provide services to an individual according to the individual's choices as identified in the IP.
2c	Enables individual to make informed choices and decisions			X	

3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual	X			10.22.08.02 E. The Administration respects personal choice regarding decisions about where and with whom individuals with developmental disabilities may live.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities	X			10.22.08.02 D. Individuals with developmental disabilities have the same range of options about where to live in the community as are available to all people.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.08.05 A. An individual may receive services under this chapter in the individual's own home, in the family's home, in a current residential service model, or in any other service model approved by the Director in accordance with COMAR 10.22.02.09F. B. A licensee providing services under this chapter shall make every effort to provide services that are integrated in neighborhoods and communities.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			10.22.08.05 A. An individual may receive services under this chapter in the individual's own home, in the family's home, in a current residential service model, or in any other service model approved by the Director in accordance with COMAR 10.22.02.09F. B. A licensee providing services under this chapter shall make every effort to provide services that are integrated in neighborhoods and communities.

10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life	X			10.22.08.05 A. An individual may receive services under this chapter in the individual's own home, in the family's home, in a current residential service model, or in any other service model approved by the Director in accordance with COMAR 10.22.02.09F. B. A licensee providing services under this chapter shall make every effort to provide services that are integrated in neighborhoods and communities.
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			10.22.08.05 A. An individual may receive services under this chapter in the individual's own home, in the family's home, in a current residential service model, or in any other service model approved by the Director in accordance with COMAR 10.22.02.09F. B. A licensee providing services under this chapter shall make every effort to provide services that are integrated in neighborhoods and communities.
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	

11c	The setting options are identified and documented in the person-centered service plan			X	Note: Options are not recorded in IP
11d	The settings options are based on the individual's needs and preferences			X	Note: Options are not recorded in IP
11e	For residential settings, options are based on resources available for room and board			X	Note: Options are not recorded in IP
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	

14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	

15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				

16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J9

Regulation Chapter Name: Resource Coordination Program Service Plan					
Reference: COMAR 10.22.09					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			10.22.09.02B: The resource coordinator assists individuals in obtaining the best quality and most appropriate services and supports within available resources. 10.22.09.02C: The resource coordinator is responsible to individuals and their families for providing assistance in implementing individual choice, addressing individual satisfaction, and assuring that an individual's needs and preferences are addressed. 10.22.09.04B: The resource coordination licensee shall assist the individual through planning in choosing goals and outcomes, the services needed to accomplish these goals and outcomes, and the establishment of realistic time frames for meeting these goals and outcomes. 10.22.09.05A(5): The resource coordinator is responsible for providing education to individuals and their families concerning: (a) The range of most

					integrated setting service and support options that may be appropriate to meet the individual's needs; (b) How to access services, and (c) How to coordinate and advocate for services.
2b	Ensure that the individual directs the process to the maximum extent possible	X			10.22.09.04A: The resource coordination licensee shall determine an individual's needs, preferences, desires, satisfaction, and the most integrated setting appropriate to meet the individual's needs. 10.22.09.04D: The resource coordination licensee shall advocate for the individual to assure that the individual's rights are protected and the individual's needs and preferences are considered; 10.22.09.05A(5): The resource coordinator is responsible for providing education to individuals and their families concerning how to coordinate and advocate for services. 10.22.09.07A and B: To the extent feasible, individuals may select their own resource coordinator and the time, place, and frequency of meetings. 10.22.09.03C: The level and intensity of resource coordination may vary according to the individual's needs and desire for resource coordination.
2c	Enables individual to make informed choices and decisions	X			10.22.09.02B: The resource coordinator assists individuals in obtaining the best quality and most appropriate services and supports within available resources. 10.22.09.04B: The resource coordination licensee shall assist the individual through planning in choosing goals and outcomes, the services needed to accomplish these goals and outcomes, and the establishment of realistic time frames for meeting

					these goals and outcomes. 10.22.09.03C: The level and intensity of resource coordination may vary according to the individual's needs and desire for resource coordination.
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			10.22.09.07B: To the extent feasible, individuals may select the time, place, and frequency of meetings.
3b	Occurs at times and locations of convenience to the individual	X			10.22.09.07B: To the extent feasible, individuals may select the time, place, and frequency of meetings.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	10.22.09.05B: Resource coordinators shall have personal knowledge of each individual served and make every effort to effectively accommodate the individual's needs and preferences.
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	

5b	Includes clear conflict-of-interest guidelines for all planning participants	X			10.22.09.03B: Resource coordination may only be provided by licensees who do not provide direct services to individuals.
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			10.22.09.03B: Resource coordination may only be provided by licensees who do not provide direct services to individuals.
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			10.22.09.04A: The resource coordination licensee shall determine an individual's needs, preferences, desires, satisfaction, and the most integrated setting appropriate to meet the individual's needs. 10.22.09.04B: The resource coordination licensee shall assist the individual through planning in choosing goals and outcomes, the services needed to accomplish these goals and outcomes, and the establishment of realistic time frames for meeting these goals and outcomes.

					10.22.09.07A: To the extent feasible, individuals may select their own resource coordinator.
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	

10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	10.22.09.06B(7): The resource coordination licensee shall ensure through appropriate documentation that the resource coordinator receives training in developing opportunities for individuals to establish relationships, friendships, and connections in the community.
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings	X			10.22.09.04A: The resource coordination licensee shall determine an individual's needs, preferences, desires, satisfaction, and the most integrated setting appropriate to meet the individual's needs.
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	10.22.09.05A(2): The resource coordinator is responsible for documenting that the IP is being implemented as designed.
11d	The settings options are based on the individual’s needs and preferences	X			10.22.09.02B: The resource coordinator assists individuals in obtaining the best quality and most appropriate services and supports within available resources. 10.22.09.04A: The resource coordination licensee

					shall determine an individual's needs, preferences, desires, satisfaction, and the most integrated setting appropriate to meet the individual's needs.
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy	X			10.22.09.04D: The resource coordination licensee shall advocate for the individual to assure that the individual's rights are protected and the individual's needs and preferences are considered.
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices	X			10.22.09.04A: The resource coordination licensee shall determine an individual's needs, preferences, desires, satisfaction, and the most integrated setting appropriate to meet the individual's needs.
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimize independence with whom to interact.			X	

14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			10.22.09.02B: The resource coordinator assists individuals in obtaining the best quality and most appropriate services and supports within available resources. 10.22.09.04A: The resource coordination licensee shall determine an individual's needs, preferences, desires, satisfaction, and the most integrated setting appropriate to meet the individual's needs.
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	

15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules	X			10.22.09.07B: To the extent feasible, individuals may select the time, place, and frequency of meetings.
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				

16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J10

Regulation Chapter Name: Behavior Support Services Program Service Plan					
Reference: COMAR 10.22.10					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			10.22.09.07 To the extent feasible, individuals may select: A. Their own resource coordinator; and B. The time, place, and frequency of meetings.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			10.22.09.05 A. The resource coordinator is responsible for: (1) Ensuring that each individual receives an IP that is designed to meet the individual's needs, preferences, desires, goals, and outcomes in the most integrated setting appropriate to meet the individual's needs and in the most cost effective manner; (2) Documenting that the IP is being implemented as designed; (3) Communicating information with the Administration in an effort to achieve a responsive service delivery system; (4) Assisting the individual in applying for services; and (5) Providing education to individuals and their families concerning: (a) The range of most integrated setting service and support options that may be appropriate to meet the individual's needs; (b) How to access services, and (c) How to coordinate and advocate for services.

2b	Ensure that the individual directs the process to the maximum extent possible	X			10.22.09.05 B. Resource coordinators shall have personal knowledge of each individual served and make every effort to effectively accommodate the individual's needs and preferences.
2c	Enables individual to make informed choices and decisions	X			10.22.09.05 A. The resource coordinator is responsible for: (1) Ensuring that each individual receives an IP that is designed to meet the individual's needs, preferences, desires, goals, and outcomes in the most integrated setting appropriate to meet the individual's needs and in the most cost effective manner; (2) Documenting that the IP is being implemented as designed; (3) Communicating information with the Administration in an effort to achieve a responsive service delivery system; (4) Assisting the individual in applying for services; and (5) Providing education to individuals and their families concerning: (a) The range of most integrated setting service and support options that may be appropriate to meet the individual's needs; (b) How to access services, and (c) How to coordinate and advocate for services.
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			10.22.09.05 C. Resource coordinators shall personally meet with each individual served, at least every 6 months, in an effort to effectively meet the individual's needs and preferences.
3b	Occurs at times and locations of convenience to the individual	X			10.22.09.07 To the extent feasible, individuals may select: A. Their own resource coordinator; and B. The time, place, and frequency of meetings.

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			10.22.09.04 D. Advocate for the individual to assure that the individual's rights are protected and the individual's needs and preferences are considered;
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities	X			10.22.09.04 A. Resource coordination is provided by a resource coordinator. B. The resource coordinator assists individuals in obtaining the best quality and most appropriate services and supports within available resources. C. The resource coordinator is responsible to individuals and their families for providing assistance in implementing individual choice, addressing individual satisfaction, and assuring that an individual's needs and preferences are addressed.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			10.22.09.03 B. Resource coordination may only be provided by licensees who do not provide direct services to individuals.
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			N/A	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			10.22.09.05 A. The resource coordinator is responsible for: (1) Ensuring that each individual receives an IP that is designed to meet the individual's needs, preferences, desires, goals, and outcomes in the most integrated setting appropriate to meet the individual's needs and in the most cost effective manner; (2) Documenting that the IP is being implemented as designed; (3) Communicating information with the Administration in an effort to achieve a responsive service delivery system; (4) Assisting the individual in applying for services; and

					(5) Providing education to individuals and their families concerning: (a) The range of most integrated setting service and support options that may be appropriate to meet the individual's needs; (b) How to access services, and (c) How to coordinate and advocate for services.
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	

Service Setting

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.10.02(B) Behavior support services are designed to assist individuals who exhibit challenging behaviors in acquiring skills, gaining social acceptance, and becoming full participants in the community
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	

10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			N/A	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			N/A	

12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint		X		10.22.10.08 Use of Physical Restraint.A. Physical restraint may only be used when the individual's behavior presents a danger to self or serious bodily harm to others;10.22.10.09 Use of Mechanical Restraint and Support. A. Use of Mechanical Restraint for Behavioral Purposes.(1-5); and 10.22.10.09.B. Use of Mechanical Restraint for Medical Purposes.
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimize independence with whom to interact.			X	

14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			N/A	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			N/A	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			N/A	

15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			N/A	
15b	(B) Each individual has privacy in their sleeping or living unit			N/A	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			N/A	
15c(2)	Individuals have the freedom and support to control their own activities			N/A	
15c(3)	Individuals have the freedom to access food at any time			N/A	
15d	(D) Individuals are able to have visitors of their choosing at any time			N/A	
15e	(E) The setting is physically accessible to the individual			N/A	

Person-Centered Service Plan - Modifications for Restrictive Techniques

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				

16a	*Identify a specific and individualized assessed need.	X			10.22.10.05(B)(3) Specifies the behavioral objectives for the individual, and includes: (a) A description of the hypothesized function of current behaviors including their frequency and severity, and (b) Criteria for determining achievement of the objectives established; 10.22.10.05(4) Takes into account the medical condition of the individual;
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.	X			10.22.10.06(A)The licensee shall ensure that the use of restrictive techniques in any BP:(1) Represents the least restrictive, effective alternative, or the lowest effective dose of a medication; and (2) Is only implemented after other methods have been: (a) Systematically tried, and (b) Objectively determined to be ineffective.
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	X			10.22.10.05(B)(9) Specifies the data to be collected to assess progress towards meeting the BP's objectives; and
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	10.22.10.05(C)(2)(a) (2) Includes written informed consent of the: (a) Individual,
16h	*Include informed consent of the individual.	X			
16i	*Include an assurance that interventions and supports will cause no harm to the individual.	X			10.22.10.09(A)(2) (2) The licensee shall ensure that a mechanical restraint is designed and used: (a) In a humane, safe, and effective manner; and (b) Without intent to harm or create undue discomfort.

Appendix J11

Regulation Chapter Name: Respite Services in the State Residential Center (SRC)					
Reference: COMAR 10.22.11					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			10.22.05.03.A(3) & COMAR 10.222.05.02B(12)
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.05.03.A(3) & COMAR 10.22.05.02B(12) .
2b	Ensure that the individual directs the process to the maximum extent possible	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with COMAR 10.22.05.02A (2) The IP is directed by the individual.
2c	Enables individual to make informed choices and decisions	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.05.03.A(3) & COMAR 10.22.05.02B(12) .
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR10.22.05.03.A (1) and COMAR 10.22.09 .

3b	Occurs at times and locations of convenience to the individual	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR10.22.05.03A (4)
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.04.02B(2) –Values to be Considered in the Development of the IP, Individual rights which include: Having religious and cultural beliefs respected;
4b	Conducted by providing information in plain language	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.05.03C(3) Development and Implementation of the IP. The treating professionals and resource coordinator shall use any communication devices and techniques, including the use of sign language, as appropriate, to facilitate the involvement of the individual in the development of the written plan of habilitation.
4c	Conducted in a manner that is accessible to individuals with disabilities	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.04.02A(3) Values to be Considered in the Development of the IP, Personal well-being which includes having access to the places in which the individual lives, works, and receives services;
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	

5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.05.05A
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.		X		10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.05.03B(1)(2)(3) Development and Implementation of the IP. If an individual does not have a resource coordinator, the licensee, in the following priority order shall ensure that the requirements of this chapter are met: 1) Community residential services licensee; 2) Vocational or day services licensee; or (3) Family and individual support services licensee.
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	

7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.05.03A (2), 10.22.05.02B (12), & 10.22.05.04D (1)&(2).
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	

Service Setting

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.11.03- Provision of Services- Before respite services are utilized in the SRC, all efforts are made by the Administration to provide individuals living in the community with respite services in the community. Only when there are no other appropriate alternatives available are respite services provided in the SRC.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	

10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life	X			10.22.11.08 A & B. A-The SRC shall provide appropriate daily activities during the time the individual is in respite services. B- The SRC shall make every attempt to maintain the individual in the individual's vocational or day activity during the period of respite services and document the reasons if the individual is unable to attend.
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings		X		
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual’s needs and preferences		X		
11e	For residential settings, options are based on resources available for room and board		?		

12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimize independence in the physical environment			X	
13e	The settings optimize independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitate individual choice regarding services and supports			X	

14b	The settings facilitate who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services				N/A
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.				N/A
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant	X			10.22.11.06 Procedures for Respite Requests -The SRC shall enter into a contract with the proponent or licensee which at a minimum contains: (1) A statement that the acceptance of an individual for respite services is not considered an admission as defined in Health-General Article, §7-101(c), Annotated Code of Maryland; (2) A mutually agreed upon date on which the SRC may not provide respite services; and (3) A designated time for the licensee or proponent to return the individual to the individual's community residence.

15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				

16a	*Identify a specific and individualized assessed need.	X			10.22.11.01- In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.05. COMAR 10.22.05.02A(4) The IP is intended to specify all needed assessments, services and training, 10.22.05.02 B(1) Strengths and needs of the individual, (2)Preferences and desires identified by and for the individual, (3)Services to be provided by the individual by the licensee, such as….(4) A behavior plan, if required, (5) Specific training and staffing ratio based on the needs, preferences, and desires of the individual; (6) Measurable goals for the completion of outcomes;(7) Target dates for the completion of goals; (Implementation strategies and dates), etc.
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.		X-word "document" is absent		10.22.11.01-In addition to this chapter, an SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.10.06A Use of Restrictive Techniques- A. The licensee shall ensure that the use of restrictive techniques in any BP: (1) Represents the least restrictive, effective alternative, or the lowest effective dose of a medication; and (2) Is only implemented after other methods have been:(a) Systematically tried, and (b) Objectively determined to be ineffective.
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.				B. The licensee shall collect and present objective data to the authorizing licensed health care practitioner to indicate whether the restrictive technique being used is effective in reducing the individual's challenging behavior.COMAR

					10.22.10B (7) & (9) Includes a description of the adaptive skills to be learned by the individual that serve as functional alternatives to the challenging behavior or behaviors to be decreased & (9) Specifies the data to be collected to assess progress towards meeting the BP's objectives
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X-absent for restrictive interventions	
16h	*Include informed consent of the individual.	X			10.22.11.01-In addition to this chapter, a SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.10.05C Use of Restrictive Techniques- Before implementation, the licensee shall ensure that each behavior plan which includes the use of restrictive techniques is: (1) Approved by the standing committee as specified in COMAR 10.22.02.14E(1)(d); and (2) Includes written informed consent of the:(a) Individual,(b) Individual's legal guardian, or (c) Surrogate decision maker as defined n Health-General Article, §5-605, Annotated Code of Maryland.
16i	*Include an assurance that interventions and supports will cause no harm to the individual.	X			10.22.11.01-In addition to this chapter, a SRC providing respite services shall comply with the following regulations of this subtitle: COMAR 10.22.10.06D &E Use of Restrictive Techniques- D. The licensee shall ensure that staff do not use:(1) Any method or technique prohibited by law, including aversive techniques;(2) Any method or technique which deprives an individual of any basic right specified in Health-General Article, 7-1002-----7-1004, Annotated Code of Maryland, except as permitted in COMAR 10.22.04.03A; (3)

					Seclusion;(4) A room from which egress is prevented; or(5) A program which results in a nutritionally inadequate diet. E. Staff may not use a restrictive technique:(1) As a substitute for a treatment plan;(2) As punishment; or (3) For convenience.

Appendix J12

Regulation Chapter Name: Eligibility for and Access to Community Services for Individuals with Developmental Disability					
Reference: COMAR 10.22.12					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	

15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530				X	
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J13

Regulation Chapter Name: Low Intensity Support Services					
Reference: COMAR 10.22.14					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.14.04 Setting and Location. Services shall be provided within the individual's home or a community setting in the most integrated setting.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	

15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J14

Regulation Chapter Name: Waiting List Equity Fund					
Reference: COMAR 10.22.15					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	

15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J15

Regulation Chapter Name: Informal Hearings Under the Maryland Developmental Disabilities Law					
Reference: COMAR 10.22.16					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.	X			Note: Entire chapter deals with appeal process
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	

15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J16

Regulation Chapter Name: Fee Payment System for Licensed Residential and Day Programs					
Reference: COMAR 10.22.17					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			10.22.17 Definitions (21) "Individual's team" means: (a) The individual; (b) The individual's proponent; (c) Representatives of the licensee; (d) The resource coordinator; and (e) Others the individual may choose to develop the IP.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	

3b	Occurs at times and locations of convenience to the individual			X	
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	

15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J17

Regulation Chapter Name: Community Supported Living Arrangements Payment System					
Reference: COMAR 10.22.18					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	

15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530				X	
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J18

Regulation Chapter Name: Special Programs					
Reference: COMAR 10.22.19					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			10.22.19.02 C. Employment Eligibility. A job is an eligible job under the FIPE if: (1) The job is: (a) Located in the community; (b) Individualized; (c) Not an enclave, mobile crew, or in a segregated environment; and (d) Based on the individual's interests; and (2) The individual: (a) Is paid a competitive salary and, if available, offered benefits directly by the employer; (b) Does not receive salary and, if available, benefits from the provider or any organization affiliated with the licensee; (c) Deals directly with the employer regarding working conditions such as work schedule; (d) Has the opportunity for increased responsibility, career advancement, and increased wages based on performance; and

					(e) If self-employed, the business generates revenue.
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			10.22.19.02 C. Employment Eligibility. A job is an eligible job under the FIPE if: (1) The job is: (a) Located in the community; (b) Individualized; (c) Not an enclave, mobile crew, or in a segregated environment; and (d) Based on the individual's interests; and (2) The individual: (a) Is paid a competitive salary and, if available, offered benefits directly by the employer; (b) Does not receive salary and, if available, benefits from the provider or any organization affiliated with the licensee; (c) Deals directly with the employer regarding working conditions such as work schedule; (d) Has the opportunity for increased responsibility, career advancement, and increased wages based on performance; and (e) If self-employed, the business generates revenue.
10d	The setting supports individuals to engage in community life	X			10.22.19.02 C. Employment Eligibility. A job is an eligible job under the FIPE if: (1) The job is: (a) Located in the community; (b) Individualized; (c) Not an enclave, mobile crew, or in a segregated environment; and (d) Based on the individual's interests; and (2) The individual: (a) Is paid a competitive salary and, if available,

					offered benefits directly by the employer; (b) Does not receive salary and, if available, benefits from the provider or any organization affiliated with the licensee; (c) Deals directly with the employer regarding working conditions such as work schedule; (d) Has the opportunity for increased responsibility, career advancement, and increased wages based on performance; and (e) If self-employed, the business generates revenue.
10e	The setting supports individuals to control personal resources	X			10.22.19.02 C. Employment Eligibility. A job is an eligible job under the FIPE if: (1) The job is: (a) Located in the community; (b) Individualized; (c) Not an enclave, mobile crew, or in a segregated environment; and (d) Based on the individual's interests; and (2) The individual: (a) Is paid a competitive salary and, if available, offered benefits directly by the employer; (b) Does not receive salary and, if available, benefits from the provider or any organization affiliated with the licensee; (c) Deals directly with the employer regarding working conditions such as work schedule; (d) Has the opportunity for increased responsibility, career advancement, and increased wages based on performance; and (e) If self-employed, the business generates revenue.
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	

11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	

13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities	X			10.22.19.02 C. Employment Eligibility. A job is an eligible job under the FIPE if: (1) The job is: (a) Located in the community; (b) Individualized; (c) Not an enclave, mobile crew, or in a segregated environment; and (d) Based on the individual's interests; and (2) The individual: (a) Is paid a competitive salary and, if available, offered benefits directly by the employer; (b) Does not receive salary and, if available, benefits from the provider or any organization affiliated with the licensee; (c) Deals directly with the employer regarding working conditions such as work schedule; (d) Has the opportunity for increased responsibility, career advancement, and increased wages based on performance; and (e) If self-employed, the business generates revenue.
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	

14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	

15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530				X	
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	

16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix J19

Regulation Chapter Name: Organized Health Care Delivery System					
Reference: COMAR 10.22.20					

Person Centered Planning Process					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.			X	
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support			X	
2b	Ensure that the individual directs the process to the maximum extent possible			X	
2c	Enables individual to make informed choices and decisions			X	
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.			X	

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.			X	
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports individuals to engage in community life			X	

10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	

15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**DDA Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:				
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	

16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix K

Waiver : Autism Waiver

Service Setting					
#	Federal Requirement	Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
1a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			2. Brief Waiver description: "Keeping children with autism safe at home and in the community" Appendix C: Participant Services: Service Specification: Residential Habilitation: "A Residential Habilitation program must be designed to provide a home-like, therapeutic, and safe environment which allows, as appropriate, for the child's eventual return to the family (natural, adoptive, or surrogate) or for the individual to acquire the skills and resources for group or independent living". Appendix C: Participant Services: C1/C3 Provider Specification for Service: Residential Habilitation: Provider Qualifications: Other Standard: "To be approved, a facility must provide opportunities for participants to participate in community activities. Facilities must be located and integrated into a residential community". Appendix C: Participant Services: C1/C3 Service Specification: Respite: "Respite care can be provided in the child's home or place of residence, a community setting" Appendix C: Participant Services: C1/C3: Service Specification: Adult Life Planning: "This service will emphasize the development of a plan for decision-making in the adult autism/developmental disabilities system. The plan will incorporate self-determination, independence, choice, community integration, and provide better coordination with the Maryland adult system of employment first"

					Appendix C: Participant Services: C-2: General Service Specifications (2 of 3): "Residential facilities...provides opportunities for participants to participate in community activities and is located and integrated into a residential community. "
1b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X-partially			2. Brief Waiver description: "Providing quality services to maximize a child's capacity for independence"; Providing quality services to support and develop functional and adaptive skills"; "Providing quality services to reduce maladaptive behaviors in children with autism spectrum disorder".
1c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	

1d	The setting supports individuals to engage in community life	X			2. Brief Waiver description: "Providing quality services to maximize a child's capacity for independence"; Providing quality services to support and develop functional and adaptive skills"; "Providing quality services to reduce maladaptive behaviors in children with autism spectrum disorder". Appendix C: Participant Services: C1/C3 Provider Specification for Service: Residential Habilitation: Provider Qualifications: Other Standard: "To be approved, a facility must provide opportunities for participants to participate in community activities. Facilities must be located and integrated into a residential community". Appendix C: Participant Services: C1/C3 Service Specification: Respite: "The respite provider may accompany the recipient on short outings for exercise, recreation, shopping or other purposes while providing respite care". Appendix C: Participant Services: C1/C3: Service Specification: Adult Life Planning: "This service will emphasize the development of a plan for decision-making in the adult autism/developmental disabilities system. The plan will incorporate self-determination, independence, choice, community integration, and provide better coordination with the Maryland adult system of employment first" Appendix C: Participant Services: C1/C3: Service Specification: Intensive Individual Support Services: "The child is supported in achieving successful home and community living through structured support, reinforcement, modeling, and behavior management". "The services may include providing transportation and accompanying the child to non-Medicaid services, as necessary and consistent with the waiver plan of care. IISS providers are required to collaborate with the child's family, providers of other waiver services, and other appropriate professionals working with the child in the home or other community settings". "These

					services use the home and community environment as a learning experience and as an opportunity to illustrate and model alternative ways of behaving for the child". Appendix C: Participant Services: C-2: General Service Specifications (2 of 3): "Residential facilities...provides opportunities for participants to participate in community activities and is located and integrated into a residential community. "
1e	The setting supports individuals to control personal resources	X			Appendix C: Participant Services: Service Specification: Family Consultation: Service Definition:: "The participant's family shall receive consultation to assist the participant with: (a) Handling personal finances; (b) Making purchases; and (c) Meeting personal financial obligations.
1f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X-partially			2. Brief Waiver description: "Providing quality services to maximize a child's capacity for independence"; Providing quality services to support and develop functional and adaptive skills"; "Providing quality services to reduce maladaptive behaviors in children with autism spectrum disorder".

2a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings	X-partially			2. Brief Waiver description: "Families are free to choose from any Autism Waiver provider that is approved by the OSA and SMA and is enrolled as a Medicaid provider. Families are assisted by the service coordinator in locating providers as needed".
2b	Settings include an option for a private unit in a residential setting			X	
2c	The setting options are identified and documented in the person-centered service plan	X-partially			Appendix B: Participant Access and Eligibility: B-7: "Choice is also documented in the Plan of Care signed by the parent. Additionally, parents are provided with information regarding their rights and responsibilities. The family and applicants are also offered this choice as part of the annual waiver recertification process" Appendix D: Participant-Centered Planning and Service Delivery: Informed Choice of Providers: "Waiver participants and families are afforded the freedom to choose among service providers. Updated lists of approved Autism Waiver service providers are distributed to service coordinators at least every three months"
2d	The settings options are based on the individual's needs and preferences	X - partially			Appendix D: Participant-Centered Planning and Service Delivery: D-2: Service Plan and Monitoring: Service Plan Implementation and Monitoring: "Documentation is reviewed to assess how participant strengths, capacities, needs, health status, and risk factors were considered in development of the service plan" - does talk about checking how needs were considered - but language needs to be strengthened
2e	For residential settings, options are based on resources available for room and board			X	
Service Setting					

#	Federal Requirement	Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
3a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
3b	The settings ensure dignity and respect			X	
3c	The settings ensure freedom from coercion			X	

3d	The settings ensure freedom from restraint		X		Appendix C: Participant Services: C1/C3 Provider Specification for Service: Residential Habilitation: Provider Qualifications: Other Standard: "Demonstrate the capability and capacity of providing Autism Waiver residential habilitation services by submitting documentation of experience and a written implementation plan which includes, at a minimum, policies and procedures regarding: (1) Abuse, neglect, and exploitation; (2) Positive behavior interventions and restraints;" Appendix C: Participant Services: C1/C3: Service Definitions: Respite: Specify applicable (if any) limits on the amount, frequency, or duration of this service: "The training must focus on the care for children with Autism Spectrum Disorder including abuse, neglect and exploitation as well as positive behavioral interventions and appropriate use of restraints. " Appendix C: Participant Services: C1/C3: Respite: Provider Specifications for Service (individuals and agency): "The training must focus on the care for children with Autism Spectrum Disorder including abuse, neglect and exploitation and positive behavioral interventions and constraints" Appendix C: Participant Services: C1/C3: Provider Specifications for Service: Intensive Individual Support Services: Provider Category: Agency: Other Standard: "demonstrate the capability and capacity of delivering intensive individual support services by submitting documentation of experience and a written implementation plan which includes at a minimum policies and procedures regarding: (1) Abuse, neglect, and exploitation; (2) Positive behavior interventions and restraints; Appendix C: Participant Services: C1/C3: Provider Specifications for Service: Therapeutic Integration: Provider Category: Agency: Other Standard: "demonstrate the capability and capacity of delivering intensive individual

					support services by submitting documentation of experience and a written implementation plan which includes at a minimum policies and procedures regarding: (1) Abuse, neglect, and exploitation; (2) Positive behavior interventions and restraints; Appendix G: Participant Safeguards: Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions: (1-3): "The use of restraints is permitted during the course of the delivery of waiver services". "For each Autism Waiver provider that provides a service where a direct care worker may be alone with the child such as, IISS, TI, and respite service, the agency must provide training to program personnel on the use of restraints and restrictive interventions, the appropriate implementation of policies and procedures approved by the OSA. " "The use of various positive behavior interventions as well as any use of restrictive interventions must be identified on the Treatment Plan"

4a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy	X			Appendix C: Participant Services: C1/C3 Provider Specification for Service: Residential Habilitation: Provider Qualifications: Other Standard: "Assure the provision of services in the least restrictive environment in the community that is appropriate to participants' needs" Appendix C: Participant Services: Service Specification: Adult Life Planning: "ALP works with each Autism Waiver participant's home environment to identify skills related to independence, community integration, self-advocacy, self-direction, natural supports, and the adult service system's employment options" Appendix C: Participant Services: Service Specification: Intensive Individual Support Services: Service Definition: "Intensive Individual Support Services (IISS) provide intensive, one-on-one assistance based on the child's need for interventions and support. IISS is goal and task-oriented and intended to prevent or defuse crises; promote developmental and social skills growth; provide the child with behavior management skills; give a sense of security and safety to the child; assist the child with maintaining self-sufficiency and impulse control; improve the child's positive self-expression and interpersonal communication; improve the child's ability to function and cooperate in the home and community; reverse negative behaviors and attitudes; and foster stabilization. These services use the home and community environment as a learning experience and as an opportunity to illustrate and model alternative ways of behaving for the child".
4b	The settings optimizes independence in making life choices	X			Appendix C: Participant Services: Service Specification: Adult Life Planning: "This service will emphasize the development of a plan for decision-making in the adult autism/developmental disabilities system. The plan will incorporate self-determination, independence, choice, community integration, and provide better coordination with the Maryland adult system of employment first".

4c	The settings optimizes independence in daily activities	X			Appendix C: Participant Services: Service Specification: Environmental Accessibility Adaptations: Service Definition: "Maryland is expanding this service to include augmentative and alternative communication devices. This would include a piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve a participant's communication, self-help, self-direction, and adaptive capabilities".
4d	The settings optimizes independence in the physical environment	X			Appendix C: Participant Services: Service Specification: Environmental Accessibility Adaptations: Service Definition: "Those physical adaptations to the home, required by the child's plan of care, which are necessary to ensure the health, welfare and safety of the individual or which enable the child to function with greater independence in the home, and without which the child would require institutionalization". Appendix C: Participant Services: Service Specification: Family Consultation: Service Definition:"The participant's family shall receive consultation to assist the participant with: (a) Enhancing movement within the participant's living arrangement; (b) Mastering the use of adaptive aids and equipment; and (c) Accessing and using public transportation, independent travel, or other movement within the community". Appendix C: Participant Services: Service Specification: Intensive Individual Support Services: Service Definition: "Intensive Individual Support Services (IISS) provide intensive, one-on-one assistance based on the child's need for interventions and support. IISS is goal and task-oriented and intended to prevent or defuse crises; promote developmental and social skills growth; provide the child with behavior management skills; give a sense of security and safety to the child; assist the child with maintaining self-

					sufficiency and impulse control; improve the child's positive self-expression and interpersonal communication; improve the child's ability to function and cooperate in the home and community; reverse negative behaviors and attitudes; and foster stabilization. These services use the home and community environment as a learning experience and as an opportunity to illustrate and model alternative ways of behaving for the child".
4e	The settings optimizes independence with whom to interact.	X			Appendix C: Participant Services: Service Specification: Environmental Accessibility Adaptations: Service Definition: "Maryland is expanding this service to include augmentative and alternative communication devices. This would include a piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve a participant's communication, self-help, self-direction, and adaptive capabilities". Appendix C: Participant Services: Service Specification: Family Consultation: Service Definition: "The participant's family shall receive consultation to assist the participant to acquire, retain, or improve skills in a wide variety of areas, including communication skills that directly affect the participant's development and ability to reside as independently as possible". Appendix C: Participant Services: Service Specification: Family Consultation: Service Definition: "The participant's family shall receive support to assist the participant with appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors." Appendix C: Participant Services: Service Specification: Family Consultation: Service Definition:"The participant's family shall receive consultation, facilitating the participant's involvement in family and community activities and establishing relationships with siblings and peers, which may include:

					(a) Assisting the participant to identify activities of interest; (b) Arranging for participation in those activities; and (c) Identifying specific activities necessary to assist the participant's involvement in those activities on an on-going basis. Appendix C: Participant Services: Service Specification: Intensive Individual Support Services: Service Definition: "Intensive Individual Support Services (IISS) provide intensive, one-on-one assistance based on the child's need for interventions and support. IISS is goal and task-oriented and intended to prevent or defuse crises; promote developmental and social skills growth; provide the child with behavior management skills; give a sense of security and safety to the child; assist the child with maintaining self-sufficiency and impulse control; improve the child's positive self-expression and interpersonal communication; improve the child's ability to function and cooperate in the home and community; reverse negative behaviors and attitudes; and foster stabilization. These services use the home and community environment as a learning experience and as an opportunity to illustrate and model alternative ways of behaving for the child". Appendix C: Participant Services: Service Specification: Therapeutic Integration: Service Definition: ". At this level, the intent is development of the child's communication and social skills, enhancement of self-esteem, improved peer interaction, and behavior management. Important components of Regular TI are reducing self-stimulatory and aggressive behaviors, teaching imitation responses needed for TI, promoting appropriate interaction or play".

5a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			Appendix B: Participant Access and Eligibility: B-7: Freedom of Choice: "Initially, children who apply to the Autism Waiver are assigned a service coordinator. The service coordinator provides the family with information on all waiver services, waiver providers, documents that are needed for evaluation and enrollment, and parent's rights and responsibilities regarding the waiver. The freedom of choice between community services and the institution as well as providers and services is explained to the family. A standard form developed by the OSA and SMA is provided to the family by the service coordinator for documenting the freedom of choice between the ICF-ID and community providers. The form is submitted to OSA annually by service coordinators".
5b	The settings facilitates individual choice regarding who provides services and supports	X			Appendix B: Participant Access and Eligibility: B-7: "Waiver participants are afforded the freedom to choose among service providers. Updated lists of approved waiver service providers are distributed to service coordinators at least every three months. For convenience, the provider lists are organized both alphabetically and geographically. Service coordinators review the provider lists with families during the multi-disciplinary team process and more often if needed. Service coordinators are responsible for coordinating the services between the family/guardian and the provider and must be available, on an on-going basis, for contact from parents. Waiver participants' parents may choose to change providers at any time by requesting that the service coordinator submit a plan of care addendum. Service coordinators are also required to make monthly contact with families of waiver participants to review topics such as satisfaction/dissatisfaction with service providers.
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

6a(1)	1915c: §441.301(c)(4)(vi)(A-F) 1915i: §441.710(a)(1)(vi) (A-F) 1915k: §441.530(a)(1)(vi)(A-F) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
6a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
6a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
6a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	

7b(1)	(B) Each individual has privacy in their sleeping or living unit			X	
7b(2)	Units have entrance doors lockable by the individual			X	
7b(3)	Only appropriate staff have keys to the lockable entrance doors			X	
7b(4)	Individuals sharing units have a choice of roommates in that setting.			X	
7(b)(5)	Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement	X			Appendix C: Participant Services: C1/C3 Provider Specification for Service: Residential Habilitation: Provider Qualifications: Other Standard: "The facility must provide opportunities for participants to have personal items in their bedroom that reflect the participant's personal tastes". Appendix C: Participant Services: C-2: General Service Specifications (2 of 3): "Individuals decorate their own rooms and participate in decorating common living areas" Appendix C: Participant Services: C-2: General Service

					Specifications (2 of 3): "Residential facilities... provides opportunities for participants to have personal items in the participant's bedroom that reflect the participants personal tastes,
8c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
8c(2)	Individuals have the freedom and support to control their own activities			X	
8c(3)	Individuals have the freedom to access food at any time	X-Partially			Appendix C: Participant Services: C1/C3 Provider Specification for Service: Residential Habilitation: Provider Qualifications: Other Standard: "In addition, the facility must provide for participation and input by the participant in regard to eating times, menus, and meal preparation, as appropriate for specific health conditions and in accordance with treatment standards". Appendix C: Participant Services: General Service Specifications: (2 of 3): "Individuals are afforded opportunities to participate in learning to cook, making snacks, setting the table, etc. based on each person's needs and preferences" Appendix C: Participant Services: C-2: General Service Specifications (2 of 3): "Residential facilities... provides for input and participation of the participant regarding eating times, menus, and meal preparation as appropriate for specific health conditions and in accordance with treatment standards"

9d	(D) Individuals are able to have visitors of their choosing at any time			X	
10e	(E) The setting is physically accessible to the individual	X			Appendix C: Participant Services: C1/C3: Service Specification: Service Definition: Environmental Accessibility Adaptations: "Those physical adaptations to the home, required by the child's plan of care, which are necessary to ensure the health, welfare and safety of the individual or which enable the child to function with greater independence in the home, and without which the child would require institutionalization"
10f	(F) Any modification of the individual conditions, under 441.301(c)(4)(vi)(A) through (D) must be supported by a specific assessed need and justified in the person-centered service plan.	X-partially			Appendix G: Participant Safeguards: Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions: (1-3): "The use of restraints is permitted during the course of the delivery of waiver services". "For each Autism Waiver provider that provides a service where a direct care worker may be alone with the child such as, IISS, TI, and respite service, the agency must provide training to program personnel on the use of restraints and restrictive interventions, the appropriate implementation of policies and procedures approved by the OSA. " "The use of various positive behavior interventions as well as any use of restrictive interventions must be identified on the Treatment Plan". "Program personnel may only use time out or restraint after less restrictive or alternative approaches have been considered, and have been attempted or have been determined to be inappropriate. Time out or restraint can only be used in a humane, safe, and effective manner, without intent to harm or create undue discomfort and be consistent with the resident's behavior intervention plan and any known medical or psychological limitations". "Restrictive interventions must be outlined and documented in the child's treatment plan and/or behavior plan. Supervision of intervention implementation for all direct care workers is required. The supervisor must provide guidance, oversight, and feedback to ensure that interventions are implemented, as prescribed. Treatment plans must also provide intervention evaluation timelines, and data protocol

					to monitor the child's response and progress". "Prohibited use of restrictive interventions 1. Restrictive procedures may not be used as retribution, for the convenience of staff persons, as a substitute for programming, or in a way that interferes with the participant's developmental program. 2. Restrictive procedures may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but were unsuccessful."

Appendix L

Brain Injury Waiver Application					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			The TBI Waiver Case Manager assists the waiver applicant and/or representative in completing a Freedom of Choice (FOC) form which requires the applicant to choose between institutional and community-based services. This FOC form also indicates the choices of services and providers that are available through the TBI Waiver. The application packet is not considered complete and the applicant will not be enrolled in waiver services until the FOC form is signed.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			Appendix D-1c: Waiver participants are provided with a choice of waiver services, waiver providers, and the choice of institutional versus community-based services. This freedom of choice is documented on the FOC form. Their choices of services and providers as well as their personal goals are documented on the waiver plan of care, which is implemented once signed by the participant or his or her legal guardian.

2b	Ensure that the individual directs the process to the maximum extent possible	X			Appendix D-1c: Waiver participants are provided with a choice of waiver services, waiver providers, and the choice of institutional versus community-based services. This freedom of choice is documented on the FOC form. Their choices of services and providers as well as their personal goals are documented on the waiver plan of care, which is implemented once signed by the participant or his or her legal guardian.
2c	Enables individual to make informed choices and decisions	X			Appendix D-1c: Waiver participants are provided with a choice of waiver services, waiver providers, and the choice of institutional versus community-based services. This freedom of choice is documented on the FOC form. Their choices of services and providers as well as their personal goals are documented on the waiver plan of care, which is implemented once signed by the participant or his or her legal guardian.
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			Appendix D-1d: The waiver case manager meets with the waiver participant at least quarterly to assess the adequacy of the plan of care. If the waiver participant, the family, the provider or the waiver case manager finds that the plan of care does not adequately meet the participant's needs,a plan of care meeting is scheduled to modify the plan. In addition to quarterly monitoring of the plan of care, the plans are also reviewed during annual provider audits and during OHS's semi annual audits of the ASA's waiver records and the adequacy of the plan is assessed in light of reportable events, behavioral data, and medical information.
3b	Occurs at times and locations of convenience to the individual	X			Appenidx D-1c: Plan of care meetings are always scheduled with waiver participants and their natural supports if they choose to include them. Waiver providers and the waiver case manager also attend POC meetings

4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)	X			Appendix B-8: The state provides meaningful access to individuals with Limited English Proficiency (LEP) who are applying for or receiving Medicaid services. Methods include providing interpreters at no cost to individuals, and translations of forms and documents. Additionally, interpreter resources are available for individuals who contact DHMH for information, requests for assistance or complaints. The DHMH website contains useful information on Medicaid waivers and other programs and resources. The website will translate this information into a number of languages that are predominant in the community. The State also provides translation services at fair hearings if necessary. If an LEP appellant attends a hearing without first requesting services of an interpreter, the administrative law judge will not proceed unless there is an assurance from the appellant that they are able to sufficiently understand the proceedings. If not, the hearing will be postponed until an interpreter has been secured.
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			Appendix A(b): The DEQR waiver coordinator assigned to the TBI waiver conducts a semi-annual review of all waiver participants' records which includes a review of each participant's plan of care and issues a report of findings to MHA. If corrective actions are needed, MHA will develop a plan to systematically address each issue. Medicaid agency staff will also address any TBI Waiver complaints/issues that are sent directly to the

					agency and will work with the OSA to ensure issues are resolved based on the requirements.
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	

6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.	X			Appendix F-3b: The Office of Health Services operates the reconsideration process for medical eligibility denials. When an applicant or participant is denied medical eligibility, there is a provision for the individual to request a reconsideration while preserving the right to a Fair Hearing. Once a denial letter is sent, the individual/representative may request a reconsideration while simultaneously submitting an appeal letter within 10 days of receipt of the denial letter in order to continue any services. The reconsideration process begins upon request from the individual/representative and allows the individual to clarify medical information already provided regarding their health and functional status, or to provide additional information that was not included at the time of application. The Department's Utilization Control Agent informs the applicant/participant in writing that he/she may request a reconsideration and maintain the right to a Fair Hearing or elect to request a Fair Hearing without the interim process of reconsideration. The letter contains the Program's standard notice with regard to Fair Hearing rights.
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			Appendix D-1c: Waiver participants are provided with a choice of waiver services, waiver providers, and the choice of institutional versus community-based services. This freedom of choice is documented on the FOC form. Their choices of services and providers as well as their personal goals are documented on the waiver plan of care, which is implemented once signed by the participant or his or her legal guardian.
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			Appendix D-1c: Waiver participants are provided with a choice of waiver services, waiver providers, and the choice of institutional versus community-based services. This freedom of choice is documented on the FOC form. Their choices of services and providers as well as their personal goals are documented on the waiver plan of care, which is

					implemented once signed by the participant or his or her legal guardian.
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.	X			Appendix D-1c: Waiver participants are provided with a choice of waiver services, waiver providers, and the choice of institutional versus community-based services. This freedom of choice is documented on the FOC form. Their choices of services and providers as well as their personal goals are documented on the waiver plan of care, which is implemented once signed by the participant or his or her legal guardian.
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	

10d	The setting supports indiviudals to engage in community life			X	
10e	The setting supports indiviudals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences			X	
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	

13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	

15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensuresthat the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	

15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:	X			These regulations state that formal behavior plans (BP) are in place for any participant who may require it due to challenging behaviors. The BP must be developed in conjunction with a licensed professional with experience in applied behavior analysis. The BP must address the need for any restrictive techniques and represent the least restrictive, effective alternative or the lowest effective dose of medication. The provider must collect and present objective data to the health care practitioner authorizing the use of the restrictive technique to indicate whether it is effective in reducing the waiver participant's challenging behavior. All BP's must be approved by the provider's human rights committee and include the waiver participant informed consent prior to being implemented. Methods to detect the unauthorized use of restrictive interventions, including QUART, OHCQ surveys, MHA/OHS annual provider audits and the Policy on Reportable Incidents, are key components of MHA's quality assurance system that protect the individual, but also identify issues at the provider and system levels.

16a	*Identify a specific and individualized assessed need.	X			TBI Waiver providers are licensed under the DDA regulations and are expected to adhere to regulations in COMAR 10.22.10. These regulations state that formal behavior plans (BP) are in place for any participant who may require it due to challenging behaviors. The BP must be developed in conjunction with a licensed professional with experience in applied behavior analysis. The BP must address the need for any restrictive techniques and represent the least restrictive, effective alternative or the lowest effective dose of medication. The provider must collect and present objective data to the health care practitioner (i.e. the individual's physician and/or psychiatrist) authorizing the use of the restrictive technique to indicate whether it is effective in reducing the waiver participant's challenging behavior. All BP's must be approved by the provider's human rights committee and include the waiver participant informed consent prior to being implemented.
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	X			DDA regulations, policies, protocols, training and guidance regarding the authorizing and monitoring of restrictive techniques are strictly adhered to in order to protect the rights of waiver participants. As stated, restrictive interventions must be reviewed and approved as part of a participant's behavioral plan after less restrictive interventions were attempted and there is a clear need to use restrictive methods such as restraints. The behavioral plan is reviewed at least annually to ensure that the least restrictive interventions are used to address the behavioral needs of the participant. Continued efforts are made to reduce the use of all restrictive interventions. All provider staff who use restrictive techniques/devices must be trained on the usage and the documentation required for each restrictive/restraint encounter.

16c	*Document less intrusive methods of meeting the need that have been tried but did not work.	X			DDA regulations, policies, protocols, training and guidance regarding the authorizing and monitoring of restrictive techniques are strictly adhered to in order to protect the rights of waiver participants. As stated, restrictive interventions must be reviewed and approved as part of a participant's behavioral plan after less restrictive interventions were attempted and there is a clear need to use restrictive methods such as restraints. The behavioral plan is reviewed at least annually to ensure that the least restrictive interventions are used to address the behavioral needs of the participant. Continued efforts are made to reduce the use of all restrictive interventions. All provider staff who use restrictive techniques/devices must be trained on the usage and the documentation required for each restrictive/restraint encounter.
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.	X			

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	X			DDA regulations, policies, protocols, training and guidance regarding the authorizing and monitoring of restrictive techniques are strictly adhered to in order to protect the rights of waiver participants. As stated, restrictive interventions must be reviewed and approved as part of a participant's behavioral plan after less restrictive interventions were attempted and there is a clear need to use restrictive methods such as restraints. The behavioral plan is reviewed at least annually to ensure that the least restrictive interventions are used to address the behavioral needs of the participant. Continued efforts are made to reduce the use of all restrictive interventions. All provider staff who use restrictive techniques/devices must be trained on the usage and the documentation required for each restrictive/restraint encounter.
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	X			
16h	*Include informed consent of the individual.	X			All BP's must be approved by the provider's human rights committee and include the waiver participant informed consent prior to being implemented.
16i	*Include an assurance that interventions and supports will cause no harm to the individual.	X			

Appendix M

Community Pathways Waiver Application					
Reference: MD.0023.R06.00 - Jul 01, 2013					

Person Centered Planning Process					
#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			Appendix D-1 c. b) Participant Centered Planning and Service Delivery, Supporting the Participant in Service Plan Development. Participants are provided with information about their right to invite family members, friends, coworkers, professionals, and anyone else they desire to be part of team meetings and/or their circle of support, and are encouraged to involve important people in their lives in the planning process.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			Appendix D-1 c. a) Participant Centered Planning and Service Delivery Service Plan Development. Participants and family members are the central members of the team developing a person-centered IP and are provided with written and/or oral information about DDA services and the process of developing a plan.
2b	Ensure that the individual directs the process to the maximum extent possible	X			Appendix D-1 Requirements for IPs for persons served by the DDA are outlined in Code of Maryland Regulations(COMAR) 10.22.05 and, among other things, articulate the individual's annual goals and service.
2c	Enables individual to make informed choices and decisions	X			Appendix D-1 Requirements for IPs for persons served by the DDA are outlined in Code of Maryland Regulations(COMAR) 10.22.05 and, among other things, articulate the individual's annual goals and service.

3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			Appendix D: Participant-Centered Planning and Service Delivery D-1 Service Plan Development d. Requirements for IPs for persons served by the DDA are outlined in Code of Maryland Regulations (COMAR) 10.22.05 and, among other things, articulate the individual's annual goals and services.
3b	Occurs at times and locations of convenience to the individual	X			Appendix D-1 d.The participant, along with family, friends, neighbors, professionals, and others important to the person can be invited to the meeting. Resource coordinators contact the participant to obtain the person's preferences for best time and location of the meeting. Meetings are held at participant's homes, jobs, community sites, day programs, etc.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual	X			Appendix D: Participant-Centered Planning and Service Delivery D-1 Service Plan Development d. Requirements for IPs for persons served by the DDA are outlined in Code of Maryland Regulations (COMAR) 10.22.05 and, among other things, articulate the individual's annual goals and services.
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities	X			Appendix D-1d.:Service Plan Development. Requirements for IPs for persons served by the DDA are outlined in Code of Maryland Regulations (COMAR) 10.22.05 and, among other things, articulate the individual's annual goals and services.
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)	X			Appendix D-1d.:Service Plan Development. Requirements for IPs for persons served by the DDA are outlined in Code of Maryland Regulations (COMAR) 10.22.05 and, among other things, articulate the individual's annual goals and services.
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			Appendix D-1d.:Service Plan Development. Requirements for IPs for persons served by the DDA are outlined in Code of Maryland Regulations (COMAR) 10.22.05 and, among other things, articulate the individual's annual goals and services.

5b	Includes clear conflict-of-interest guidelines for all planning participants			X	Appendix D:Participant-Centered Planning and Service Delivery D-1: Service Plan Development. An individual is ineligible for employment by a resource coordination provider, agency, or entity in Maryland if the individual: (1) Is simultaneously employed by any DHMH-licensed provider agency;
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			Appendix D-1 b. Service Plan Development Safeguards. Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.	X			Appendix D:Participant-Centered Planning and Service Delivery D-1: Service Plan Development. An individual is ineligible for employment by a resource coordination provider, agency, or entity in Maryland if the individual: (1) Is simultaneously employed by any DHMH-licensed provider agency;
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.	X			Appendix F-2 b: Participant-Rights, Additional Dispute Resolution Process. a.DDA provides the opportunity for individuals to request an informal hearing as a means to seek informal and expeditious resolution when an applicant for services is dissatisfied with a decision by DDA that the applicant does not have a developmental disability. DDA may also provide other informal processes, such as a case resolution conference, for decisions with which the applicant or recipient of services is dissatisfied, including decisions regarding eligibility, the individuals need for services, choice of service

					providers, and the denial, reduction, suspension, or termination of services.
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			Appendix D-1d.:Service Plan Development. Requirements for IPs for persons served by the DDA are outlined in Code of Maryland Regulations (COMAR) 10.22.05 and, among other things, articulate the individual's annual goals and services.
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			IPs are modified through the team planning process with direction from the participant, with support from their family, and with input from their Resource Coordinator, community provider staff and all other invited team members as requested by the participant. The Resource Coordinator may submit a RFSC based on assessed need as per the policy to the DDA for review and approval. Appendix E-Participant Self direction E-2 b. iv. Modifications to the participant directed budget must be preceded by a change in the service plan.
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	

Service Setting

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	

10c	The setting supports opportunities to seek employment and work in competitive integrated settings	X			Appendix C: Participant Services - Day Habilitation A. Day Habilitation services desired outcomes include increased individual independence, reduction in service need, increased community engagement and/or movement to integrated competitive employment. C. Day Habilitation services are provided in accordance with the individual's plan and developed through a detailed person-centered planning process, which includes annual assessment of the individual's employment goals and barriers to employment and community integration. Employment services are to be constructed in a manner that reflects individual choices, goals related to employment, and ensures provision of services in the most integrated setting appropriate.
10d	The setting supports individuals to engage in community life	X			Appendix C: Participant Services - Day Habilitation A. Day Habilitation services desired outcomes include increased individual independence, reduction in service need, increased community engagement and/or movement to integrated competitive employment. Appendix C: Participant Services - Community Residential Habilitation A. Community residential habilitation services assist participants in acquiring the skills necessary to maximize the participant's independence in activities of daily living and to fully participate in community life. Services shall increase individual independence and reduce level of service need.
10e	The setting supports individuals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	

11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	Appendix C-2 c.ii. Larger Facilities: 2nd paragraph- Individuals have their own private bedroom and share common areas of the home (kitchen, living room, etc.).
11c	The setting options are identified and documented in the person-centered service plan			X	Appendix C-2 c.ii. Larger Facilities: In reviewing these exceptions, the following are considered: 1) the wishes of the individuals living in or proposing to live in the home, 2) the interests of the individuals living in or proposing to live in the home; 3) health and safety, and 4) other exceptional circumstances. Providers must implement each individual's plan of care based on their preferences and support needs, including the creation of environments that reflect the personal tastes and interests of the individual(s). Individuals have their own private bedroom and share common areas of the home (kitchen, living room, etc.). As part of the person-centered planning process, participant preferences and likes/dislikes are explored and documented, including their desires for the environment in which they live. Participants are then supported to create a home environment that reflects their preferences through home decorations, celebration of holidays, support of religious and ethnic customs, etc

11d	The settings options are based on the individual's needs and preferences			X	Appendix C: Participant Services - Day Habilitation C. Day Habilitation services are provided in accordance with the individual's plan and developed through a detailed person-centered planning process, which includes annual assessment of the individual's employment goals and barriers to employment and community integration. Employment services are to be constructed in a manner that reflects individual choices, goals related to employment, and ensures provision of services in the most integrated setting appropriate. Appendix C-2 c.ii. Larger Facilities: In reviewing these exceptions, the following are considered: 1) the wishes of the individuals living in or proposing to live in the home, 2) the interests of the individuals living in or proposing to live in the home; 3) health and safety, and 4) other exceptional circumstances. Providers must implement each individual's plan of care based on their preferences and support needs, including the creation of environments that reflect the personal tastes and interests of the individual(s). Individuals have their own private bedroom and share common areas of the home (kitchen, living room, etc.). As part of the person-centered planning process, participant preferences and likes/dislikes are explored and documented, including their desires for the environment in which they live. Participants are then supported to create a home environment that reflects their preferences through home decorations, celebration of holidays, support of religious and ethnic customs, etc
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	

12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports			X	
14b	The settings facilitates who provides services and supports			X	

Residential Services - Provider Owned or Controlled Settings

#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	Appendix C-2 c.ii. Larger Facilities: 2nd paragraph- Individuals have their own private bedroom and share common areas of the home (kitchen, living room, etc.).
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	

Person-Centered Service Plan - Modifications for Restrictive Techniques						
#	Federal Requirement	DDA Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	Appendix G-2-a- i.: Safeguards Concerning Restraints and Restrictive Interventions The State emphasizes the development of positive, adaptive behavior support plans based on a comprehensive functional assessment using the least restrictive behavioral techniques in order to avoid the use of restraints and seclusion. Behavior plans clearly outline problem behaviors and describe them operationally and include a baseline and trend analysis for each targeted behavior. Functional alternative behaviors specifically designated to reduce each targeted problem behavior based on the functional assessment are clearly outlined and the step by step procedures to shape and positively reinforce these behaviors are delineated in the plan. Systematic and regularly scheduled data review of the frequency, duration and severity of the problem behaviors including environmental, antecedent, and consequent conditions allows for programs to be adjusted as needed to further avoid the use of restrains and seclusion
16a	*Identify a specific and individualized assessed need.			X	Appendix G-2a.i. Safeguards Concerning the Use of Restraints. The State emphasizes the development of positive, adaptive behavior support plans based on a comprehensive functional assessment using the least restrictive behavioral techniques in order to avoid the use of restraints and seclusion.Behavior plans clearly outline problem behaviors and describe them operationally and include a baseline and trend analysis for each targeted behavior.

16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	X			Appendix G-2a.i. Safeguards Concerning restraints and Restrictive Interventions. Safeguards Concerning the use of Restraints. The licensed provider must ensure that the use of restrictive techniques in any BP represents the least restrictive, effective alternative, or the lowest effective dose of a medication. These techniques are only to be implemented after other methods have been systematically tried, and objectively determined to be ineffective.
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.	X			Appendix G-2a.i. Safeguards Concerning restraints and Restrictive Interventions. Safeguards Concerning the use of Restraints. The licensed provider must ensure that the use of restrictive techniques in any BP represents the least restrictive, effective alternative, or the lowest effective dose of a medication. These techniques are only to be implemented after other methods have been systematically tried, and objectively determined to be ineffective.
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.	X			Appendix G-2a.i. Safeguards Concerning the Use of Restraints. The State emphasizes the development of positive, adaptive behavior support plans based on a comprehensive functional assessment using the least restrictive behavioral techniques in order to avoid the use of restraints and seclusion. Behavior plans clearly outline problem behaviors and describe them operationally and include a baseline and trend analysis for each targeted behavior.
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	X			Appendix G-2a.i. Safeguards Concerning restraints and Restrictive Interventions. Safeguards Concerning the use of Restraints. The State emphasizes the development of positive, adaptive behavior support plans based on a comprehensive functional assessment using the least restrictive behavioral techniques in order to avoid the use of restraints and seclusion. Behavior plans clearly outline problem behaviors and describe them operationally and include a baseline and trend analysis for each targeted behavior.Functional alternative behaviors specifically designated to reduce each targeted problem behavior based on the

					functional assessment are clearly outlined and the step by step procedures to shape and positively reinforce these behaviors are delineated in the plan. Systematic and regularly scheduled data review of the frequency,duration and severity of the problem behaviors including environmental, antecedent, and consequent conditions allows for programs to be adjusted as needed to further avoid the use of restraints and seclusion.
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	X			Appendix G-2a.i. Safeguards Concerning the Use of Restraints. The State emphasizes the development of positive, adaptive behavior support plans based on a comprehensive functional assessment using the least restrictive behavioral techniques in order to avoid the use of restraints and seclusion. Behavior plans clearly outline problem behaviors and describe them operationally and include a baseline and trend analysis for each targeted behavior.
16h	*Include informed consent of the individual.	X			Appendix G-2a.i.B Safeguards Concerning restraints and Restrictive Interventions.Before implementation, the licensee must ensure that each BP is approved by the standing committee as specified in regulations. It must also include written informed consent of the individual, the individual's legal guardian, or the surrogate decision maker as defined in Health-General Article, ss 5-605, Annotated Code of Maryland.
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix N

HCBOW Waiver Application					
Reference: Application for 1915(c) HCBS Waiver: MD.0265.R04.03					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			**Appendix D: Participant-Centered Planning and Service Delivery** **D-1: Service Plan Development** Person-Centered Planning (PCP) is essential to assure that the participant's personal strengths, goals, risks, and preferences are incorporated into service planning and reflected on the POS. Providers of case management and supports planning service must engage every applicant and participant in a person-centered planning process designed to encourage self-direction and offer the participant choice and control over the process and resulting plan, including choosing who will be involved in this process.

2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			**Appendix D: Participant-Centered Planning and Service Delivery** **D-1: Service Plan Development** Case managers shall coordinate community services and supports from various programs and payment sources to aid applicants and participants in developing a comprehensive plan for community living. Case managers shall support applicants in locating and accessing housing options, identifying housing barriers such as past credit, eviction, and criminal histories, and in resolving the identified barriers. The providers shall assist applicants in developing comprehensive plans of service that include both State and local community resources, coordinating the transition from an institution to the community, and maintaining community supports throughout the individual's participation in services.
2b	Ensure that the individual directs the process to the maximum extent possible	X			**Appendix D: Participant-Centered Planning and Service Delivery** **D-1: Service Plan Development** Person-Centered Planning (PCP) is essential to assure that the participant's personal strengths, goals, risks, and preferences are incorporated into service planning and reflected on the POS. Providers of case management and supports planning service must engage every applicant and participant in a person-centered planning process designed to encourage self-direction and offer the participant choice and control over the process and resulting plan, including choosing who will be involved in this process.

2c	Enables individual to make informed choices and decisions	X			**Appendix B: Participant Access and Eligibility** **B-7: Freedom of Choice** a. Procedures When an individual applies for the waiver, a case manager will make an initial visit to discuss supports and services available in the waiver and through the State Plan. The individual or their representative is informed of the right to choose between institutional and community-based services and also the right to choose among all enrolled waiver providers.
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely			X	
3b	Occurs at times and locations of convenience to the individual			X	
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	

4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)	X			**Appendix B: Participant Access and Eligibility** **B-8: Access to Services by Limited English Proficiency Persons** The State provides meaningful access to individuals with Limited English Proficiency (LEP) who are applying for Medicaid services. Methods of enabling access include providing interpreters at no cost to the individual, and translations of forms and documents. Statewide foreign language interpretation/translation services are available through a state-wide contract to Maryland State agencies (as well as Maryland's other non-State government entities such as the local governments, counties, municipalities, etc.) to facilitate continuously available language translation services to minimize or eliminate any language barrier.
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			**Appendix F: Participant Rights** **F-1: Opportunity to Request a Fair Hearing** The opportunity to request a Fair Hearing is provided to individuals who: (a) Are not given the choice between home and community-based services as an alternative to institutional care, (b) Are denied either a provider(s) or service(s) of their choice, (c) Have services denied, suspended, reduced or terminated, (d) Are denied waiver eligibility for medical, technical and/or financial reasons.

5b	Includes clear conflict-of-interest guidelines for all planning participants	X			**Appendix F: Participant Rights** **F-1: Opportunity to Request a Fair Hearing** The opportunity to request a Fair Hearing is provided to individuals who: (a) Are not given the choice between home and community-based services as an alternative to institutional care, (b) Are denied either a provider(s) or service(s) of their choice, (c) Have services denied, suspended, reduced or terminated, (d) Are denied waiver eligibility for medical, technical and/or financial reasons. When an adverse decision has been made by the SMA or their agents, written notice is provided to the individual and their representative. The entity responsible for issuing the adverse action notice varies according to the type of adverse action. The SMA is responsible for all notices regarding waiver eligibility. The notice states what the decision is, reason for the decision, and provides detailed information about steps for the individual/representative to follow as well as time frames to request an appeal.
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.			X	

6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.			X	
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.	X			**Appendix F: Participant Rights** **F-2: Additional Dispute Resolution Process** b) The types of disputes that may be handled through the RE process include disagreement between the participant and provider regarding amount of service rendered as reflected on the worker's time sheet, disputes with the case manager over amount of services approved on the POS, disputes with an agency regarding how their workers comport themselves in the participant's home, or discontentment of a participant over how long it takes to obtain approved equipment. c) The participant/representative receives information on the Fair Hearing system when they enroll. Case managers are trained to inform the participant that he or she may file a complaint and file a formal appeal simultaneously. Also explained is the option for the participant to file a complaint and if not satisfied with the outcome, file a formal Medicaid appeal which would result in a fair hearing.
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			**Appendix D: Participant-Centered Planning and Service Delivery** **D-1: Service Plan Development** As part of the POS development process, the case manager provides the participant with information regarding choice of providers and provides the participant and/or authorized representative with a list of approved waiver providers. Additionally, the case manager or participant and/or authorized representative may contact the SMA to verify the enrollment status of a provider. If the participant is interested in being served by a provider that is not enrolled, the SMA may assist the provider in the

					provider application process.
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			**Appendix D: Participant-Centered Planning and Service Delivery** **D-2: Service Plan Implementation and Monitoring** The case manager will have monthly contacts with the participant and shall meet with the participant in-person at least quarterly to monitor the implementation of the POS and identify any unmet needs. If there is a needed or requested change in the POS, the case manager shall follow Departmental guidelines for submitting a POS modification and assist the participant in changing his or her services.
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community			X	
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			**Appendix C: Participant Services** **C-1/C-3: Service Specification** 5. Facilitating access to health care, social and spiritual services 8. Assistance with transportation to Medicaid covered services
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports indiviudals to engage in community life			X	
10e	The setting supports indiviudals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			**Appendix C: Participant Services** **C-1/C-3: Service Specification** 5. Facilitating access to health care, social and spiritual services 8. Assistance with transportation to Medicaid covered services

11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings	X			**Appendix D: Participant-Centered Planning and Service Delivery** **D-1: Service Plan Development** Case managers shall coordinate community services and supports from various programs and payment sources to aid applicants and participants in developing a comprehensive plan for community living. Case managers shall support applicants in locating and accessing housing options, identifying housing barriers such as past credit, eviction, and criminal histories, and in resolving the identified barriers. The providers shall assist applicants in developing comprehensive plans of service that include both State and local community resources, coordinating the transition from an institution to the community, and maintaining community supports throughout the individual's participation in services.
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan			X	
11d	The settings options are based on the individual's needs and preferences	X			**Appendix D: Participant-Centered Planning and Service Delivery** **D-1: Service Plan Development** Person-Centered Planning (PCP) is essential to assure that the participant's personal strengths, goals, risks, and preferences are incorporated into service planning and reflected on the POS. Providers of case management and supports planning service must engage every applicant and participant in a person-centered planning process designed to encourage self-direction and offer the participant choice and control over the process and resulting plan, including choosing who will be involved in this process.
11e	For residential settings, options are based on resources available for room and board			X	

12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy	X			**Appendix C: Participant Services** **C-2: General Service Specifications** b. The intent is to ensure that all services are provided in a manner that meets the resident's needs while respecting and enhancing the dignity, privacy, personal choice and optimum independence of each resident.
12b	The settings ensure dignity and respect	X			**Appendix C: Participant Services** **C-2: General Service Specifications** b. The intent is to ensure that all services are provided in a manner that meets the resident's needs while respecting and enhancing the dignity, privacy, personal choice and optimum independence of each resident.
12c	The settings ensure freedom from coercion			X	
12d	The settings ensure freedom from restraint		X		**Appendix G: Participant Safeguards** **G-2: Safeguards Concerning Restraints and Restrictive Interventions** The use of restraints is currently permitted in Maryland's Assisted Living Facilities (ALF). Seclusions are not allowable under ALF regulation. Physical or chemical restraints may only be used under certain limited circumstances. These circumstances include: a) when the participant is temporarily a danger to self or others b) when a physician determines that the temporary use of restraints is necessary to assist in the treatment of medical conditions
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy	X			**Appendix C: Participant Services** **C-2: General Service Specifications** d. The ALF must provide or arrange for opportunities for socialization, social interaction and leisure activities which promote the physical and mental well-being of each resident, including facilitating access to spiritual and religious activities consistent with the preferences and background of the resident.

13b	The settings optimize independence in making life choices			X	
13c	The settings optimizes independence in daily activities	X			**Appendix C: Participant Services** **C-2: General Service Specifications** d. The ALF must provide or arrange for opportunities for socialization, social interaction and leisure activities which promote the physical and mental well-being of each resident, including facilitating access to spiritual and religious activities consistent with the preferences and background of the resident.
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.	X			**Appendix C: Participant Services** **C-2: General Service Specifications** d. The ALF must provide or arrange for opportunities for socialization, social interaction and leisure activities which promote the physical and mental well-being of each resident, including facilitating access to spiritual and religious activities consistent with the preferences and background of the resident.
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			**Appendix C: Participant Services** **C-2: General Service Specifications** b. Residents must have Individualized Service Plans-developed with their involvement using a uniform assessment tool. The service plan must at a minimum address services to be provided as well as when and how often, how and by whom services will be provided. The intent is to ensure that all services are provided in a manner that meets the resident's needs while respecting and enhancing the dignity, privacy, personal choice and optimum independence of each resident.
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					

#	Federal Requirement	OHS Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services	X			**Appendix C: Participant Services** **C-2: General Service Specifications** a. The ALF must have on file a resident agreement which is completed for each participant and or their representative. The agreement must be a clear and complete reflection of the commitments agreed to by the participant or his/her representative and the ALF owner and a statement of participant rights. The agreement discloses actual practices of the assisted living facility and provides essential information as to how a home and community character will be maintained. The agreement must contain the levels of care the ALF can provide, admission and discharge practices, a complete list of services to be provided, policies on room assignments and on changing accommodations once a person moves in, and an acknowledgement that the resident or resident representative has reviewed all program rules, requirements, restrictions, and special conditions that might be experienced. A resident agreement is required by regulation and cannot contain any provisions not supported by the regulations.

15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.	X			**Appendix C: Participant Services** **C-2: General Service Specifications** a. The ALF must have on file a resident agreement which is completed for each participant and or their representative. The agreement must be a clear and complete reflection of the commitments agreed to by the participant or his/her representative and the ALF owner and a statement of participant rights. The agreement discloses actual practices of the assisted living facility and provides essential information as to how a home and community character will be maintained. The agreement must contain the levels of care the ALF can provide, admission and discharge practices, a complete list of services to be provided, policies on room assignments and on changing accommodations once a person moves in, and an acknowledgement that the resident or resident representative has reviewed all program rules, requirements, restrictions, and special conditions that might be experienced. A resident agreement is required by regulation and cannot contain any provisions not supported by the regulations.

15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant	X			**Appendix C: Participant Services** **C-2: General Service Specifications** a. The ALF must have on file a resident agreement which is completed for each participant and or their representative. The agreement must be a clear and complete reflection of the commitments agreed to by the participant or his/her representative and the ALF owner and a statement of participant rights. The agreement discloses actual practices of the assisted living facility and provides essential information as to how a home and community character will be maintained. The agreement must contain the levels of care the ALF can provide, admission and discharge practices, a complete list of services to be provided, policies on room assignments and on changing accommodations once a person moves in, and an acknowledgement that the resident or resident representative has reviewed all program rules, requirements, restrictions, and special conditions that might be experienced. A resident agreement is required by regulation and cannot contain any provisions not supported by the regulations.
15a(4)	The State ensuresthat the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	

15c(2)	Individuals have the freedom and support to control their own activities	X			**Appendix C: Participant Services** **C-1/C-3: Service Specification** To assure that a home-like setting is maintained the licensure regulations contain a number of specific regulatory provisions that include but are not limited to: -right to determine dress and wear own clothing, hairstyle and other personal effects -requirement for a living room that can be used by residents at any time -requirement for outside activity space
15c(3)	Individuals have the freedom to access food at any time			X	
15d	(D) Individuals are able to have visitors of their choosing at any time	X			**Appendix C: Participant Services** **C-1/C-3: Service Specification** To assure that a home-like setting is maintained the licensure regulations contain a number of specific regulatory provisions that include but are not limited to: -right for resident to meet or visit privately with guests that the resident has invited
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting	X			**Appendix C: Participant Services** **C-1/C-3: Service Specification** To assure that a home-like setting is maintained the licensure regulations contain a number of specific regulatory provisions that include but are not limited to: -choice of roommate, whenever possible -right to share room with spouse who also resides there unless medically contraindicated
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					

#	Federal Requirement	OHS Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:			X	
16a	*Identify a specific and individualized assessed need.			X	
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.			X	
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.			X	
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.			X	
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.			X	
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.			X	
16h	*Include informed consent of the individual.			X	
16i	*Include an assurance that interventions and supports will cause no harm to the individual.			X	

Appendix O

Medical Day Services Waiver Application					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			Appendix D-1c. The Participant (and/or family or legal representative) has the freedom to choose the center they believe will best meet their needs. The participants and their authorized representative are provided a list of active providers prior to their enrollment into the MDCSW and have continued access to the list via the DHMH website.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			Appendix D-1c. (3) The participant and others designated by the participant are actively engaged as a member of the multi-disciplinary team, who supports and informs the participant in the development of their service plan. The team may be comprised of a nurse, a social worker, and a physician who collaboratively work with the participant and/or their representative in the service plan development. During the multi-disciplinary team meeting, the total well- being of the participant is discussed. In addition to establishing the participant's choices while attending the MDC facility, resources available to the individual outside the MDC facility are discussed.

2b	Ensure that the individual directs the process to the maximum extent possible	X			Appendix D-1b. Safeguards include active involvement of participants and participants' representatives, in the multi-disciplinary team convened by the MDC to develop the service plan. The multi-disciplinary team may be comprised of a nurse and a social worker, and in some instances the personal physician. The participant and their authorized representative sign the plan verifying their participation in the plan's development and their approval of the plan's content (i.e., the assessment of risk, frequency, duration of services, etc.). Participants are informed of the right to select the MDC provider of their choice prior to admission and during the service plan development process.
2c	Enables individual to make informed choices and decisions	X			Appendix D-1f. Participants may choose any willing MDCSW provider of MDC services. At the time of their initial assessment by AERS, applicants are given a listing of all MDCSW providers. Ongoing, participants may access the provider listing on the DHMH website, contact their local health department or the OHS for a listing. Participants may transfer to another center at any time. Participants may be supported in selecting a provider by their family, friends, churches or community. The Department or local health department staff may assist in identifying MDCSW providers in their community.

3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			Appendix B-6i. The MDC provider is responsible for the timely submission of a DHMH 3871B assessment to the UCA prior to the re-determination due date. The Department sends a copy of the Long Term Care Patient Activity Report (DHMH 257) to the UCA and MDC provider which identifies the assigned waiver span for each MDC waiver participant. The MDC provider determines the date for future LOC redetermination based on the DHMH 257 received from the Department. The UCA generates a monthly report for the Department that identifies participants that have not received an annual LOC determination on the date due. The Department will counsel MDC providers that do not submit LOC determinations annually. When a redetermination is not done annually, the participant is notified that the MDC provider failed to submit a LOC redetermination timely with a copy forwarded to the MDC provider. The participant continues to receive services pending the outcome of the evaluation. The Department's payment system does not allow MDC providers to be paid for dates of service for which the participant did not have an annual LOC.

3b	Occurs at times and locations of convenience to the individual	X			Appendix D-1d.(e) The multi-disciplinary meeting is scheduled at a time that is convenient for the participant and his/her family or representatives and usually is held at the MDC facility. During the multi-disciplinary team meeting the responsibilities are discussed once the needs and goals of the participant are established. The nurse may be assigned the responsibility of filling the pill box for the participant's home use and responsible for scheduling OT/PT services as required. The MDC's social worker facilitates participant access to non-waiver services when needed. Facilitation may take the form of providing information, providing referrals, arranging transportation or other assistance in accessing non-waiver services for example, arranging for Meals on Wheels.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	

4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)	X			Appendix B-8 The State provides meaningful access to individuals with Limited English Proficiency (LEP) who are applying for or receiving Medicaid services. Methods include providing interpreters at no cost to clients, and translations of forms and documents. Additionally, interpreter resources are available for individuals who contact DHMH for information, requests for assistance or complaints. The DHMH website contains useful information on Medicaid waivers and other programs and resources. The State also provides translation services at fair hearings if necessary. If an LEP appellant attends a hearing without first requesting services of an interpreter, the administrative law judge will not proceed unless there is an assurance from the appellant that they are able to sufficiently understand the proceedings. If not, the hearing will be postponed until an interpreter has been secured.
5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process	X			Appendix A(b) - The Program's Contract Monitor receives a monthly report indicating the timeliness of each decision. If the UCA is not completing the LOC decisions with in the required timeframe specified in the contract, the Contract Monitor will inform the UCA and request a corrective action plan. The corrective action plan must be approved by the contract monitor. Follow up to ensure adherence will be conducted by the Contract Monitor.
5b	Includes clear conflict-of-interest guidelines for all planning participants			X	

6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.		X		Appendix C-1c. The Medical Day Care Services waiver does not offer case management services to waiver participants. Social work services performed by a licensed, certified social worker or licensed social work associate is offered by the MDC providers.
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.	X			Appendix C-1b. Case management is furnished as a distinct activity to waiver participants as an administrative activity
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.		X		
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			Appendix B-7a. The MDC Services Waiver packet distributed by AERS, includes a Freedom of Choice form called the Participant Consent Form to be completed and signed by waiver applicants. The Participant Consent Form includes a description of waiver services and requires the applicant to choose between institutional and community-based services. The applicant will not be enrolled in the waiver program until the Participant Consent Form is signed.

8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			Appendix D-1e. • That all waiver service plans include a back-up plan for every waiver participant. • Each back-up plan must identify procedures to be followed in the event that waiver or other services are not available and/or other unforeseen events occur that would put the participant at risk. • The back-up plan should factor into the service plan variables that are unique to the participant and specify actions or communication procedures that should be implemented when utilizing the back-up plan.
9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.			X	
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			Appendix C-1. Service Definition: Medical Day Care is a program of medically supervised, health-related services provided in an ambulatory setting to medically handicapped adults who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living.

10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			Appendix C-1. Service Definition: Medical Day Care is a program of medically supervised, health-related services provided in an ambulatory setting to medically handicapped adults who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living.
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports indiviudals to engage in community life			X	
10e	The setting supports indiviudals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	X			
11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings	X			
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan	X			
11d	The settings options are based on the individual's needs and preferences	X			
11e	For residential settings, options are based on resources available for room and board			X	

12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy	X			
12b	The settings ensure dignity and respect	X			
12c	The settings ensure freedom from coercion	X			
12d	The settings ensure freedom from restraint	X			
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy	X			
13b	The settings optimizes independence in making life choices	X			
13c	The settings optimizes independence in daily activities	X			
13d	The settings optimizes independence in the physical environment	X			
13e	The settings optimizes independence with whom to interact.	X			
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensuresthat the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	

15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530					
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:	X			Appendix G-2(a-i) State licensure law for Day Care for the Elderly and Adults with a Medical Disability requires that the MDC provider must have a policy and procedure on the use of any device or medication for the specific purpose of secluding a participant or restraining the participant's freedom or motion or movement within the center.

16a	*Identify a specific and individualized assessed need.	X			Appendix G-2(a-i) The State regulations for the use of restraints require a prescribed physician order. The type of restraint permitted is determined by the physician. The use of restraints must be for a medical reason and shall be implemented in the least restrictive manner possible and may not be written PRN (as often as necessary) or used for staff convenience. The physician orders must specify the following: (1) The purpose of the restraint; (2) The type of restraint to be used; (3) The length of time the restraint shall be used; (4) The period of time the restraint order is in effect; and (5) Alternative methods to avoid the use of restraints and seclusion.

16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	X			Appendix G-2(a-i) The State regulations for the use of restraints require a prescribed physician order. The type of restraint permitted is determined by the physician. The use of restraints must be for a medical reason and shall be implemented in the least restrictive manner possible and may not be written PRN (as often as necessary) or used for staff convenience. The physician orders must specify the following: (1) The purpose of the restraint; (2) The type of restraint to be used; (3) The length of time the restraint shall be used; (4) The period of time the restraint order is in effect; and (5) Alternative methods to avoid the use of restraints and seclusion.
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.	X			Appendix G-2(a-i) The State regulations for the use of restraints require a prescribed physician order. The type of restraint permitted is determined by the physician. The use of restraints must be for a medical reason and shall be implemented in the least restrictive manner possible and may not be written PRN (as often as necessary) or used for staff convenience. The physician orders must specify the following: (1) The purpose of the restraint; (2) The type of restraint to be used; (3) The length of time the restraint shall be used;

					(4) The period of time the restraint order is in effect; and (5) Alternative methods to avoid the use of restraints and seclusion.
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.	X			Appendix G-2(a-i) The authorization of restraints must be documented in the participant's plan. When restraints are employed, the occurrence must be documented in the nursing notes. The OHCQ conducts a survey prior to licensure and every 2 years there after. During the survey, MDC's records and procedures are reviewed to determine the unauthorized use of restraints. When it is discovered that an unauthorized use of restraints has occurred, an investigation is conducted.

16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	X			Appendix G-2(a-i) To ensure the health and safety of individuals, the following protocols must be adhered to when restraints or seclusions are employed: 1. As-needed restraint orders are not permitted. 2. Orders for the use of a restraint shall be time specific. 3. A participant shall not remain in a restraint for more than 2 hours without a change in position and toileting opportunity. 4. If an order for the use of a restraint is to be continued, the order shall be renewed at least every 7 days by a physician.
16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	X			Appendix G-2(a-i) To ensure the health and safety of individuals, the following protocols must be adhered to when restraints or seclusions are employed: 1. As-needed restraint orders are not permitted. 2. Orders for the use of a restraint shall be time specific. 3. A participant shall not remain in a restraint for more than 2 hours without a change in position and toileting opportunity. 4. If an order for the use of a restraint is to be continued, the order shall be renewed at least every 7 days by a physician.
16h	*Include informed consent of the individual.			X	

16i	*Include an assurance that interventions and supports will cause no harm to the individual.	X			6. Participants may not be physically restrained: (a) For discipline or convenience; or (b) If a restraint is not ordered by a physician to treat the participant's symptoms or medical conditions. 7. The health care practitioner shall provide training to staff in the appropriate use of the restraint ordered by the physician. The education and training needed by personnel involved in the administration of restraints or seclusion are specific to the participant's needs. The education and training needed is documented in the participant's plan.

Appendix P

Waiver: Model Wavier for Fragile Children

PURPOSE: To determine if the requirements set forth in the waiver application comport with the new HCBS rule requirements.

Service Setting					
#	Federal Requirement	Assessment			If standards exist, cite them.
		Compliant	Noncompliant	Absent	
1a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			Brief Waiver Description: Goals: The goals of the Model Waiver are to: •Enable 200 medically fragile children to live and be cared for at home rather than in an institution
1b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community			X	
1c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
1d	The setting supports individuals to engage in community life	X			Appendix C: Participant Services: C-1/C-3: Service Specification: Adult Day Health/Medical Day Care: "Medical day care is a program of medically supervised, health-related services provided in an ambulatory setting to medically handicapped individuals who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living. "
1e	The setting supports individuals to control personal resources			X	

1f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	
2a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
2b	Settings include an option for a private unit in a residential setting			X	
2c	The setting options are identified and documented in the person-centered service plan	X-partially			Appendix D: Participant-Centered Planning and Service Delivery: D-1: Service Plan Development: Service Plan Development Process: " The individual is informed of the services available to him under the waiver when his/her case manager meets with him and/or his legal representative prior to enrollment in the waiver as well as prior to or during the POC meeting. The POC development process ensures that the service plan addresses the individual's goals, needs, and preferences because it is in draft form only until the multidisciplinary team's meeting".
2d	The settings options are based on the individual's needs and preferences	X-partially			Appendix C: Participant Services: C-1/C-13: Service Specification: Private Duty Nursing Services: "Services which are for the convenience or preference of the recipient or the primary caregiver rather than as required by the recipient's medical condition are not covered "
2e	For residential settings, options are based on resources available for room and board			X	

3a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
3b	The settings ensure dignity and respect			X	
3c	The settings ensure freedom from coercion			X	
3d	The settings ensure freedom from restraint	X			Appendix G: Participant Safeguards: Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3): Use of Restraints: "Waiver participants reside in their homes. The case managers do conduct on-site visits to the participant's home and the nursing personnel who provide services to the participant, provide that service in the home. They are required to report the unauthorized use of restraints or seclusion to the OHS via the Reportable Event policy and protocol" Appendix G: Participant Safeguards: Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3): Use of restrictive interventions: "Waiver participants reside in their homes. The case manager visits the participant in the home and the nursing personnel provide services to the participant in the home are required to report the unauthorized use of restraints or seclusion to the OHS via the Reportable Event policy and protocol"
4a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The setting optimizes, but does not regiment, individual initiative, autonomy			X	
4b	The setting optimizes independence in making life choices			X	

4c	The setting optimizes independence in daily activities			X	
4d	The setting optimizes independence in the physical environment			X	
4e	The setting optimizes independence with whom to interact.			X	
5a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The setting facilitates individual choice regarding services and supports	X			Appendix D: Participant-Centered Planning and Service Delivery: D-1: Service Plan Development: Service Plan Development Process: " The individual is informed of the services available to him under the waiver when his/her case manager meets with him and/or his legal representative prior to enrollment in the waiver as well as prior to or during the POC meeting. The POC development process ensures that the service plan addresses the individual's goals, needs and preferences because it is in draft form only until the multidisciplinary team's meeting".

5b	The setting facilitates individual choice regarding who provides services and supports	X			Appendix D: Participant-Centered Planning and Service Delivery: D-1: Service Plan Development: (6 of 8): Informed Choice of Providers: "The participant's case manager provides him/her with a list of potential Medicaid enrolled agencies. The participant and/or his family/legal guardian may independently contact agencies to request services or request the assistance of the case manager. The list is maintained by the DONS and is provided to the case management agency on a quarterly or as-needed basis."
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
6a(1)	1915c: §441.301(c)(4)(vi) (A-F) 1915i: §441.710(a)(1)(vi) (A-F) 1915k: §441.530(a)(1)(vi) (A-F) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	

6a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity			X	
6a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
6a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
7b(1)	(B) Each individual has privacy in their sleeping or living unit			X	
7b(2)	Units have entrance doors lockable by the individual			X	
7b(3)	Only appropriate staff have keys to the lockable entrance doors			X	
7b(4)	Individuals sharing units have a choice of roommates in that setting.			X	
7(b)(5)	Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
8c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
8c(2)	Individuals have the freedom and support to control their own activities			X	
8c(3)	Individuals have the freedom to access food at any time			X	

9d	(D) Individuals are able to have visitors of their choosing at any time			X	
10e	(E) The setting is physically accessible to the individual			X	
10f	(F) Any modification of the individual conditions, under 441.301(c)(4)(vi)(A) through (D) must be supported by a specific assessed need and justified in the person-centered service plan.			X	

Appendix Q

State Plan 1915(i) Application					
Person Centered Planning Process					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1	1915c: §441.301(c)(1)(i) 1915i: §441.725(a)(1) 1915k: §441.540(a)(1) Includes people chosen by the individual.	X			p.14 - MHA or its designee will have and maintain a database and/or directory available to the CCO and the family from which to choose providers to implement the plan of care. Providers are selected by team with the support of the CCO. Participants are active members who will, depending on age and/or cognitive development, assist in the selection of providers based on the POC and the expertise of the team members. There will be an ongoing enrollment of providers to ensure the capacity is available.
2a	1915c: §441.301(c)(1)(ii) 1915i: §441.725(a)(2) 1915k: §441.540(a)(2) Provides necessary information and support	X			p.13 - Supports and information are made available to the participant (and/or the additional parties specified, as appropriate) to direct and be actively engaged in the person-centered service plan development process. (Specify: (a) the supports and information made available, and (b) the participant's authority to determine who is included in the process):
2b	Ensure that the individual directs the process to the maximum extent possible	X			p.13 - The child's/youth's family is informed verbally and in writing about overall services available in the State Plan HCBS benefit at the time they make the choice to enroll. One of the key philosophies in the Wraparound process is family-determined care. This means that parent(s) or legal guardian, youth and family members are the primary decision makers in the care of their family. The CCO is responsible for working with the participant, family, and team to develop the Plan of Care through the process outlined below.

2c	Enables individual to make informed choices and decisions	X			p.13 - The child's/youth's family is informed verbally and in writing about overall services available in the State Plan HCBS benefit at the time they make the choice to enroll. One of the key philosophies in the Wraparound process is family-determined care. This means that parent(s) or legal guardian, youth and family members are the primary decision makers in the care of their family. The CCO is responsible for working with the participant, family, and team to develop the Plan of Care through the process outlined below.
3a	1915c: §441.301(c)(1)(iii) 1915i: §441.725(a)(3) 1915k: §441.540(a)(3) Is timely	X			p.12 - The person-centered service plan is reviewed, and revised upon reassessment of functional need as required under 42 CFR §441.720, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.
3b	Occurs at times and locations of convenience to the individual	X			p. 12 - The person-centered service plan is reviewed, and revised upon reassessment of functional need as required under 42 CFR §441.720, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.
4a	1915c: §441.301(c)(1)(iv) 1915i: §441.725(a)(4) 1915k: §441.540(a)(4) Reflects cultural considerations of the individual			X	
4b	Conducted by providing information in plain language			X	
4c	Conducted in a manner that is accessible to individuals with disabilities			X	
4d	Conducted for persons who are limited English proficient (Note: Consistent with §435.905(b) of this chapter)			X	

5a	1915c: §441.301(c)(1)(v) 1915i: §441.725(a)(5) 1915k: §441.540(a)(5) Includes strategies for solving conflict or disagreement within the process			X	
5b	Includes clear conflict-of-interest guidelines for all planning participants	X			The independent entity contracted with the Department conducts beneficiary eligibility assessments to determine service eligibility and authorized service level. The Department's contract with the Administrative Services Organization (ASO) includes conflict of interest standards to ensure that independent assessors are not related by blood or marriage, financially responsible for, empowered to make financial or health-related decisions on behalf of, or paid caregivers of the beneficiary. The Department's contract with the ASO also includes conflict of interest standards that prohibit the ASO from hiring as independent assessors persons who are providers of the services covered under this 1915(i) HCBS benefit or who have an interest in or are employed by providers of State plan HCBS.
6a	1915c: §441.301(c)(1)(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.	X			The independent entity contracted with the Department conducts beneficiary eligibility assessments to determine service eligibility and authorized service level. The Department's contract with the Administrative Services Organization (ASO) includes conflict of interest standards to ensure that independent assessors are not related by blood or marriage, financially responsible for, empowered to make financial or health-related decisions on behalf of, or paid caregivers of the beneficiary. The Department's contract with the ASO also includes conflict of interest standards that prohibit the ASO from hiring as independent assessors persons who are providers of the services covered under this 1915(i) HCBS benefit or who have an interest in

					or are employed by providers of State plan HCBS.
6b	In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.	X			
6c	Individuals must be provided with a clear and accessible alternative dispute resolution process.			X	
7	1915c: §441.301(c)(1)(vii) 1915i: §441.725(a)(6) 1915k: §441.540(a)(6) Offers informed choices to the individual regarding the services and supports they receive and from whom.	X			p. 39 Be developed through a person-centered process that is directed by the individual participant, builds upon the individual's ability (with and without support) to engage in activities that promote community life, respects individual preferences, choices, strengths, and involves families, friends, and professionals as desired or required by the individual;
8	1915c: §441.301(c)(1)(viii) 1915i: §441.725(a)(7) 1915k: §441.540(a)(7) Includes a method for the individual to request updates to the plan as needed.	X			p. 42 Service plans address assessed needs of 1915(i) participants, are updated annually, and document choice of services and providers.

9	1915c: §441.301(c)(1)(ix) 1915i: §441.725(a)(8) 1915k: §441.540(a)(8) Records the alternative home and community-based settings that were considered by the individual.	X			p. 42 Service plans address assessed needs of 1915(i) participants, are updated annually, and document choice of services and providers.
Service Setting					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
10a	1915c: §441.301(c)(4)(i) 1915i: §441.710(a)(1)(i) 1915k: §441.530(a)(1)(i) The setting is integrated in the greater community	X			Services except for respite care, are in-home
10b	The setting supports full access of individuals receiving Medicaid HCBS to the greater community	X			Services except for respite care, are in-home
10c	The setting supports opportunities to seek employment and work in competitive integrated settings			X	
10d	The setting supports indiviudals to engage in community life			X	
10e	The setting supports indiviudals to control personal resources			X	
10f	The setting supports individuals to receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS			X	

11a	1915c: §441.301(c)(4)(ii) 1915i: §441.710(a)(1)(ii) 1915k: §441.530(a)(1)(ii) The setting is selected by the individual from among setting options including non-disability specific settings			X	
11b	Settings include an option for a private unit in a residential setting			X	
11c	The setting options are identified and documented in the person-centered service plan	X			p. 12 Based on the independent assessment, there is a person-centered service plan for each individual determined to be eligible for the State plan HCBS benefit. The person-centered service plan is developed using a person-centered service planning process in accordance with 42 CFR §441.725(a), and the written person-centered service plan meets federal requirements at 42 §441.725(b).
11d	The settings options are based on the individual's needs and preferences	X			p. 12 Based on the independent assessment, there is a person-centered service plan for each individual determined to be eligible for the State plan HCBS benefit. The person-centered service plan is developed using a person-centered service planning process in accordance with 42 CFR §441.725(a), and the written person-centered service plan meets federal requirements at 42 §441.725(b).
11e	For residential settings, options are based on resources available for room and board			X	
12a	1915c: 441.301(c)(4)(iii) 1915i: §441.710(a)(1)(iii) 1915k: §441.530(a)(1)(iii) The settings ensures an individual's rights of privacy			X	
12b	The settings ensure dignity and respect			X	
12c	The settings ensure freedom from coercion			X	

12d	The settings ensure freedom from restraint			X	
13a	1915c: 441.301(c)(4)(iv) 1915i: §441.710(a)(1)(iv) 1915k: §441.530(a)(1)(iv) The settings optimizes, but does not regiment, individual initiative, autonomy			X	
13b	The settings optimizes independence in making life choices			X	
13c	The settings optimizes independence in daily activities			X	
13d	The settings optimizes independence in the physical environment			X	
13e	The settings optimizes independence with whom to interact.			X	
14a	1915c: §441.301(c)(4)(v) 1915i: §441.710(a)(1)(v) 1915k: §441.530(a)(1)(v) The settings facilitates individual choice regarding services and supports	X			p. 12 Based on the independent assessment, there is a person-centered service plan for each individual determined to be eligible for the State plan HCBS benefit. The person-centered service plan is developed using a person-centered service planning process in accordance with 42 CFR §441.725(a), and the written person-centered service plan meets federal requirements at 42 §441.725(b).
14b	The settings facilitates who provides services and supports			X	
Residential Services - Provider Owned or Controlled Settings					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	

15a(1)	1915c: §441.301(c)(4)(vi) 1915i: §441.710(a)(1)(vi) 1915k: §441.530(a)(1)(vi) (A) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services			X	
15a(2)	The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.			X	
15a(3)	For settings in which landlord tenant laws do not apply, the State ensures that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant			X	
15a(4)	The State ensures that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law			X	
15b	(B) Each individual has privacy in their sleeping or living unit			X	
15b(1)	Units have entrance doors lockable by the individual			X	
15b(2)	Only appropriate staff have keys to the lockable entrance doors			X	
15c(1)	(C) Individuals have the freedom and support to control their own schedules			X	
15c(2)	Individuals have the freedom and support to control their own activities			X	
15c(3)	Individuals have the freedom to access food at any time			X	

15d	(D) Individuals are able to have visitors of their choosing at any time			X	
15e	(E) The setting is physically accessible to the individual			X	
15f	(F) Individuals sharing units have a choice of roommates in that setting			X	
15g	(G) Individuals have freedom to furnish and decorate their sleeping units or living units within the lease or other agreement			X	
Person-Centered Service Plan - Modifications for Restrictive Techniques					
#	**Federal Requirement**	**OHS Assessment**			**If standards exist, cite them.**
		Compliant	**Noncompliant**	**Absent**	
1915c: §441.301 1915i: §441.710 1915k: §441.530		X			p.45-46 The state identifies, addresses and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints
16	The following requirements must be documented in the person-centered service plan upon any modification of the additional conditions:	X			
16a	*Identify a specific and individualized assessed need.	X			
16b	*Document the positive interventions and supports used prior to any modifications to the person-centered service plan.	X			
16c	*Document less intrusive methods of meeting the need that have been tried but did not work.	X			
16e	*Include a clear description of the condition that is directly proportionate to the specific assessed need.	X			
16f	* Include a regular collection and review of data to measure the ongoing effectiveness of the modification.	X			

16g	*Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.	X			
16h	*Include informed consent of the individual.	X			
16i	*Include an assurance that interventions and supports will cause no harm to the individual.	X			

Appendix R—Public Comments

Overview: This document serves as a summary of approximately 20 sets of questions and comments that the State has received from its stakeholders - including participants, advocacy organizations, legal entities, and provider networks - regarding the Maryland's HCBS draft transition plan. The draft transition plan was posted on December 21, 2014, with a comment period lasting through February 15th, 2015. Careful attention was given to those comments that pertain specifically to the transition plan itself. Any other questions or comments that go into more detail about the process will serve to guide the State as we implement each remediation strategy. The State would like to thank all who have taken the time to be a part of our public meetings over the last six months, especially those who were able to take the time to submit their thoughts in writing in regards to the HCBS Community Settings Transition Plan.

Assessment Process	
Questions and Comments	**State Response**
Baseline surveys should not be included in the transition plan.	These data were included because they gave the State preliminary background information with which to work, and an opportunity to improve the processes moving forward.
There should be self-assessment surveys for providers.	Self-assessment surveys will be developed for providers.
There should be a quality of life assessment, such as the Ask Me! Survey, for participants.	The plan includes a strategy to explore common assessments and surveys that relate to quality of life and community integration.
The transition plan needs to more clearly define the tools intended to be used to conduct setting assessments and ongoing compliance monitoring.	The plan describes a process by which new tools will be created. Because there is not a validated/reliable tool, the State will work with transition teams in this step.
The National Core Indicators (NCI) data should be removed from the plan and a different validated tool should be used. The NCI data is extremely limiting.	Preliminary data, including NCI data, are utilized as background information, and will not limit how the State moves forward with the assessment process.
The new surveys should be developed by an entity experienced in survey design and analysis.	The Hilltop Institute will be involved in survey design and analysis.
The Comprehensive Settings Results document should be made available to providers so that agencies can individually have a sense of where they stand, but individual provider information should not be made available publicly. Aggregate data, however, should be made available publicly.	The State will investigate the most appropriate way to develop the report to be both sensitive to individual provider data, transparent to the public, and useful to all stakeholders.

Providers should conduct an individual-based self-assessment at each person's Individual Plan (IP) meeting in the beginning of September 2015, which each IP being reviewed in September 2016.	Participant surveys will need to be delivered outside the influence of providers. Therefore the State does not feel as though this is the most appropriate setting to accomplish the task. The State envisions using the help of case managers and self advocate groups in this effort.
The Department should hire experts in specialized data collection procedures.	The State will be working with the Hilltop Institute, who has expertise in this area.
Alternative and innovative data collection methods must be considered, including focus groups, participatory appraisal methods, well-designed accessible surveys, remote and video communications technology, and the use of social media.	The State will be exploring, with the help of our transition teams and the Hilltop Institute, alternative data collection methods moving forward in the process.
There should be participant and parent/caregiver annual surveys of provider performance. The results of these annual surveys should be used to determine licensing/re-licensing of a provider.	Provider performance will be a part of ongoing compliance and monitoring. The State will be reviewing current procedures and policies for compliance with the new rules and ways to enhance quality including participant surveys.
Educational Efforts/Technical Assistance	
Questions and Comments	**State Response**
The transition plan should include information regarding future educational efforts geared towards informing individuals of their rights under the new regulations.	The State will work toward educating case managers as the primary voice to reach participants. The State will work with transition teams for input on educational efforts for participants and family members in regards to participant/applicant rights.
Educate individuals, caregivers, family members, providers, and advocates about the rule change, person-centered planning, etc.	The State will work with transition teams for input on educational efforts for the various stakeholders.
An orientation should be held for students and parents regarding terminology, programs, and services available.	Case manager entities are responsible for sharing information regarding programs, services, and requirements during person-centered planning processes and monitoring activities. The plan includes a strategy to review program policies and procedures to enhance current practices.

The transition plan should include technical assistance and training to ensure compliance with person-centered planning requirements.	CMS requires states to be in compliance with person-centered planning requirements. To improve on current practices, the State has several person-centered planning (PCP) initiatives including a federal grant to develop standardize training for option counselors, exploration of PCP processes for the State's Long-Term Services and Supports (LTSS) system, and federal technical assistance to enhance DDA's current practices and policies. These efforts will be shared with stakeholders for input and coordinated for implementation. Technical assistance and training on this topic will continue to be an area of focus moving forward in the process, but will not be included in the transition plan.
Funding/Resources	
Questions and Comments	**State Response**
The resources/funding required to undertake system changes are inadequate. There needs to be capacity-building.	The State will implement the steps identified in the transition plan including conducting a rate study and developing transition teams to achieve systems change.
The Department must make resources available to facilitate engagement with businesses.	The State is open to suggestions for appropriate and effective method for encouraging businesses to participate.
Limited supply of housing and limited funding give rise to situations where individuals may not have many choices—this needs to be addressed.	The State has several housing initiatives associated with other federal grants including the establishment of a housing registry for HCBS participants, set aside public housing vouchers, and State funded efforts to bridge voucher gaps due to long waiting list. The State will also include housing specialists in the advisory groups to further explore new opportunities.
Lease/Residential Agreement	
Questions and Comments	**State Response**
The department needs to create a model lease or legal residential agreement that provides protection to waiver participants.	The State will be working with the Maryland Disability Law Center and Legal Aid to construct a model lease to be reviewed by the public.

The lease requirement must come after regulations and rates are settled.	The State will be working with legal counsel to construct a model lease to be reviewed by the public and potentially utilized across programs. Examining regulations and rates will be a part of this process.
DHMH should not mandate that all housing agreements be leases or act like leases. Tenancy is not the only legally enforceable property right.	As part of the rule, CMS requires leases or other written agreements need to be in place. The State will investigate what is being used across programs, and develop standardized language that can used.
Person-centered Planning	
Questions and Comments	**State Response**
The Department should strengthen the person-centered planning process by including a review of the role of resource coordination in the transition teams' tasks and by providing training for surrogate decision makers.	The State is always looking at ways to strengthen person-centered planning. The Maryland Department of Aging has a federal grant to develop standardize person-centered planning training for option counselors. DDA is reviewing roles, responsibilities, and training for coordinators of community services (case managers) and also receiving federal technical assistance to enhance person-centered planning practices and policies. These efforts will be shared with stakeholders for input and coordinated for implementation.
DDA should implement the MDLC Individual Plan Work Group's recommendations for improving the person-centered planning process.	These recommendations will be taken into consideration for improvements to person-centered planning.
The IP (Individual Plan) should include provisions for emergency contingencies either within the home or community at large.	Emergency planning will be reviewed in the PCP efforts noted above.
The IP should not be prepared by service providers.	Maryland has case managers (e.g. support planners, coordinators of community services, etc.) that are responsible for the development of the person-centered service plan. Service providers, as part of the person-centered planning team, develop specific strategies to support employment, community integration, and other life goals that are approved by the participant and incorporated in the plan by the case manager.
Regulations	
Questions and Comments	**State Response**

Regulations should be revised to explicitly include the new rule requirements and the person-centered planning process.	One of the transition strategies include revisions to regulation to comply with the final rule. This process includes opportunity for stakeholder input.
The transition plan should outline how § 441.735 of the new rule (regarding substituted judgment and surrogate decision makers) will be implemented.	This can be studied in the survey process, regulation review, etc. to determine if problems are identified and change is necessary.
Service Settings	
Questions and Comments	**State Response**
DDA should aggressively move to end sheltered workshops and segregated day habilitation services by transitioning people to community-based supported employment and meaningful community activities.	The State has received differing opinions on the topic of sheltered workshops and day habilitation—some have expressed a desire to close such center-based employment settings, while others have urged to keep them as an option for participants who are guaranteed freedom of choice as part of the person-centered planning process. All settings must meet the federal HCBS settings requirements and State standards. The State will need to further investigate what is happening at each site by developing an evaluation tool to gauge level of compliance. Through the heightened scrutiny process and site visit evaluations, the State will make determinations regarding compliance in such settings.
Individuals should still have the choice of participating in day programs and sheltered workshops.	
Day programs, sheltered workshops, and group homes should not be closed	
High priority should be placed on making policy and funding changes to bring day programs and sheltered workshop settings into compliance.	
The department should end the use of campus-type settings and related settings that isolate people.	
The department should explore all opportunities for assisting individuals in attaining housing independent of providers, and making choice of setting options a reality for individuals.	The State, with input from stakeholders, will explore opportunities and best practices.
The service delivery systems need to be examined to determine how to provide individuals with the staff and transportation support they need to leave their homes and fully engage in their communities.	The person-centered service plan process should identify all supports and services including Medicaid funded services, community options, and natural supports to fully meet the needs of the participant in engaging in their communities.

There should be no set limit regarding numbers of residents in the same building.	Current research and best practices for community integration in all settings, as well as compliance for all of the guidelines set forth by the federal rule, will be considered.
Timeline	
Questions and Comments	**State Response**
Implementation time frame is too short. Will take 10 years to implement.	The State adjusted some timelines based on stakeholder input. As per federal requirement, all changes must be completed by March 17, 2019.
The transition plan should set a realistic timeline for compliance. Some requirements should be addressed before others.	
The timeline for the residential lease agreement should be pushed back to at least 2018 to give providers adequate time to make necessary adjustments that will enable compliance with the Final Rule.	The plan was updated to demonstrate the timeframe for investigating the leases currently in use, exploring standard language, and communicating standards. The lease itself, as a requirement, will need to be in place by 2018.
The Comprehensive Settings Results document needs to be completed before April 2018.	This has been adjusted to December 2017.
The on-site survey needs to be completed earlier than 2018.	This has been adjusted to July 2017.

Transition Plan (General)	
Questions and Comments	**State Response**
The plan should include a vision statement.	AS noted in the plan, Maryland's HCBS services should support participants to receive services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services. Participants will be assisted in developing a person-centered plan that is based on the individual's needs and preferences; choice regarding services and supports and who provides them; and for residential settings, the individual's resources. Services should optimize individual initiative, autonomy, and independence in making life choices. Services should support opportunities for individuals to seek employment and work in competitive integrated settings, engage in community life, and control personal resources. Services should ensure individuals' rights' of privacy, dignity, respect, and freedom from coercion and restraint.
The transition plan should be more user-friendly and less complex.	The State will continue to explore various methods to share the plan and information in a more user friendly and less complex manner to support all stakeholders.
The Department needs to review portions of the plan and appendices where stakeholders disagree on current compliance (i.e. page 16 involving DDA IPs being reviewed by several entities).	The State will continue to review program elements to detect any current compliance issues and enhance quality.
Transition Teams	
Questions and Comments	**State Response**
The role and purpose of the transition teams needs to be clarified.	A noted in the transition strategy, the purpose and roles of the transition teams are to provide ongoing stakeholder guidance, input, and monitoring of transition plan strategies.
Families, participants, and subject matter experts should be included on the transition teams.	Transition teams will include HCBS participants, family members, and subject matter experts such as the Maryland Disability Law Center, Legal Aid, and the Hilltop Institute.
The Office of the Attorney General should be included in the transition teams.	The State can investigate this possibility.

Incorporate subcommittees for more focused discussions on the transition teams.	The State will work with transition teams for the need of subcommittees.
Transition team meetings should be accessible to the public.	Meetings will either be open to the public, or materials will be made available to the public.
The Prince George's County Adults with Developmental Disabilities Citizen Advisory Committee should be included on transition teams.	The State will begin a process to identify all interested people and organize transition teams.
The Maryland Down Syndrome Advocacy Coalition has direct and substantial interest in the planning process.	The State will begin a process to identify all interested people and organize transition teams.
The Department should create a Business Advisory Group to provide solid business advice to the transition teams.	The State will begin a process to identify all interested people and organize transition teams.
The Medical Day Care Waiver Advisory Council has expressed interest in having members represented on a transition team.	The State will begin a process to identify all interested people and organize transition teams.
The Department must provide sufficient resources to make the work of the transition teams meaningful.	Research, best practices, and other available materials and resources will be provided.
Miscellaneous	
Questions and Comments	**State Response**
The Department should develop stronger action plans that include targeted numerical goals for person-centered planning, community integration, participant choice, employment, and the development of a model lease.	The details of the transition plan will continue to be developed as new information and results are provided by the remediation strategies.
There should be a mechanism by which to express grievances.	As noted in the plan, providers will have opportunities toward technical assistance throughout the transition plan process to help them meet the requirements. Individuals will need to receive services in settings that comply with the requirements, and there will be a specialized focus on ensuring participants understand the process and do not lose services. There will not be a formal appeal process for individuals who wish to receive services from noncompliant providers.

The stipulation of a six hour day for CLS, which is an increase from the current four hour per day minimum under SE has many concerned. The six hour day minimum means those who had been serving four hours per day will require more staff time without an increase to account for this cost.	The State is investigating where this misconception arose, but this is inaccurate information. CLS activities must be provided a minimum of four hours.
There should be public reporting by the State, no less than annually during the transition period, on the progress of rate-setting, regulatory compliance, and technical assistance.	The State agrees that stakeholders should be updated with the progress being made over the course of the transition.
Any new DDA policies that result from the Final Rule should be communicated to providers at least 60 days prior to their official implementation, should only be applied prospectively, and should include a public input process.	The State will communicate any new policies that are developed as a result of this transition plan. We will strive to obtain input and give adequate notice to all providers.
DDA should identify a skilled, knowledgeable entity to actively track and coordinate all systems change activities.	DDA will continue to work with Medicaid in this process to track and coordinate system change activities.
DDA should set guidelines that allow an individual receiving supports and their team to assess and determine fair levels of risk. The individual's team and person-centered plan should drive the level of risk deemed appropriate in order to meet the standards embodied in the Final Rule.	The State's responsibility will be to ensure that the settings and programs meet the requirements. The person-centered planning process should include a risk assessment for the person on an individual basis; however this does not mean that they could opt out into a setting that does not meet the requirements.
There needs to be clarification in the plan regarding the 85% standard for the NCI data.	On March 12, 2014, CMS issued new guidelines related to quality measures in a document titled "Modifications to Quality Measures and Reporting in §1915(c) Home and Community-Based Waivers". The new guidelines establishes a minimum 86% compliance threshold for program performance measures. CMS requires a quality improvement strategy when a measure is at or below 85% threshold.

Individuals have the right to information regarding publicly funded programs, supports, and services. This information must be presented in the best format for them and parent/caregiver understanding.	The State will work with transition teams and advocacy groups including self-advocates to develop information and tools to enhance the sharing of information about public funded programs, supports, and services.
Time should be taken to develop consistent terminology and their definitions and usage.	The State, with the assistance of transition teams, will investigate the possibility of streamlining program language as the process continues.
Why does DDA need to re-review and approve changes (in IPs) when no additional funding is being requested and the new provider is DDA approved?	The State must meet federal assurances (rules) related to service plans and health and welfare. At times, changes to services can impact participant's health and welfare even when they do require additional funding. As noted in the transition strategies, the State will review current practices and policies to comply with the federal rule.
The Department is encouraged to create self-advocate workgroups to develop and expand the ways in which the advocacy community can support compliance with regulations.	The State values self-advocates and encourages participation in transition teams and workgroups.